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Planning for known and unknown risks

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Prior to diving into the various aspects of building a travel risk management (TRM) program in the subsequent chapters, the purpose of this chapter will be to broaden your perception of why each and every company must address TRM at some level. The chapter begins with the corporate obligation of “duty of care” and what that means at a fundamental level, and then provides examples of different kinds of risks that companies should think about and implement plans to address. There are an infinite number of potential use cases for risk exposure to travelers, but these examples provide good food for thought, in particular to those companies whose knee-jerk reactions to creating a TRM program is typically comments about their not necessarily needing one because they don’t believe that they travel to high-risk destinations, which is a farce.

As you will learn throughout this text, risk exposure is not always directly related to the risk rating of a particular destination as provided by risk intelligence providers. It can also be about risks that are specific to a traveler, their behavior and any number of other factors, some of which may be foreseeable, and some not. This information is important, but in the absence of a moderate to high risk rating, there is still the potential for an individual or widespread crisis that can affect groups of people and even an entire company. Subsequent chapters will delve into greater detail on some more common risk factors, along with case studies and precedents.

Legal duty of care—definition¹

“Duty of care” stands for the principle that directors and officers of a corporation in making all decisions in their capacities as corporate fiduciaries, must act in the same manner as would a reasonably prudent person in their position.

Courts will generally adjudge lawsuits against director and officer actions to meet the duty of care, under the business judgment rule. **The business judgment rule stands for the principle that courts will not second guess the business judgment of corporate managers and will find the duty of care has been met so long as the fiduciary executed a reasonably informed, good faith, rational judgment without the presence of a conflict of interest.** The burden of proof lies with the plaintiff to prove that this standard has not been met. If the plaintiff meets the burden, the defendant fiduciary can still meet the duty of care by showing entire fairness, meaning that both a fair process was used to reach the decision and that the decision produced a substantively fair outcome for the corporation’s shareholders.

¹ Cornell University Law School, “Duty of Care: Definition,” http://www.law.cornell.edu/wex/duty_of_care.

iJET International defines “Duty of Care” specific to TRM as follows:²

Duty of Care: *This is the legal responsibility of an organization to do everything “reasonably practical” to protect the health and safety of employees. Though interpretation of this language will likely vary with the degree of risk, this obligation exposes an organization to liability if a traveler suffers harm. Some of the specific elements encompassed by Duty of Care include:*

- *A safe working environment—this extends to hotels, airlines, rental cars, etc.*
- *Providing information and instruction on potential hazards and supervision in safe work (in this case, travel)*
- *Monitoring the health and safety of employees and keeping good records*
- *Employment of qualified persons to provide health and safety advice*
- *Monitoring conditions at any workplace (including remote locations) under the organization’s control and management*

Relative to “Duty of Care” is the “Standard of Care” that companies are compared to in defending what is “reasonable best efforts” or “reasonably practical,” based upon what resources and programs are put into place by an organization’s peers to keep travelers safe.

Prior to 2001, business travelers thought nothing of being able to walk into an airport and meet their loved ones at their arrival gate. No security barriers, no cause for concern because air travel was something that at the time, our collective psyche felt generally safe, with the exception of a hijacking upon occasion. Fast forward to a post-9/11 world, and consider what the world’s airports look like now and how the processes surrounding airport security have changed the way that we travel, whether for business or pleasure.

Why would any of us believe that the need for added security, particularly around those traveling for business, begins and ends at the airport? For companies who have been paying attention since 9/11, the ones who, outside of the public eye, have had to deal with critical incidents that had the potential for loss of lives, corporate liability, and damage to their company’s reputation, having a structured TRM program not only reduced the potential for risk, but heightened the awareness of risk to their travelers. Their definition of “travelers” extended beyond employees (transient travelers to expatriates) to contractors, subcontractors, and dependents. Keeping travelers aware of imminent dangers takes effort and planning, and isn’t something that employers can any longer react to after the fact. In some countries, lack of planning or resources to support business travelers has the potential to be grounds for claims of negligence in a company’s duty of care responsibilities, and can lead to a criminal offense, such as with the United Kingdom’s (UK) Corporate Manslaughter and Corporate Homicide Act of 2007. What the “business judgment rule” in the above duty of care definition means in layman’s terms is that a company must be able to prove that it put forth reasonable best efforts to keep its travelers safe. How this applies in different circumstances, jurisdictions and countries will vary. Most countries’ duty of care requirements fall under their occupational safety and health laws. **For a comprehensive list**

²iJET, “White Papers: Duty of Care,” <http://info.ijet.com/resources/whitepaper>.

of occupational health and safety legislation by country, an updated global database is maintained by the International Labour Organization (www.ilo.org³). Simply put, companies cannot afford to no longer have a proactive TRM program and just react after an incident takes place. The end result could reflect negligence on behalf of the company. For extensive detail on the UK's definition of duty of care in relation to the Corporate Manslaughter and Corporate Homicide Act of 2007, visit <http://www.legislation.gov.uk/ukpga/2007/19>.

Duty of care and tort law in the United States

Because each of the 50 U.S. states is a separate sovereign free to develop its own tort law under the Tenth Amendment, there are several tests to consider for finding a duty of care under U.S. tort law, in the absence of a federal law.

Tests include:

- Foreseeability—In some states, the only test is whether the harm to the plaintiff that resulted from the defendant's actions was foreseeable.
- Multifactor test—California has developed a complex balancing test consisting of multiple factors that must be carefully weighed against one another to determine whether a duty of care exists in a negligence action.

California Civil Code section 1714 imposes a general duty of ordinary care, which by default requires all persons to take “reasonable measures” to prevent harm to others. In the 1968 case of *Rowland v. Christian* (**after and based on this case, the majority of states adopted this or similar standards**), the court held that judicial exceptions to this general duty of care should only be created if clearly justified based on the following public-policy factors:

- The foreseeability of harm to the injured party;
- The degree of certainty that he or she suffered injury;
- The closeness of the connection between the defendant's conduct and the injury suffered;
- The moral blame attached to the defendant's conduct;
- The policy of preventing future harm;
- The extent of the burden to the defendant and the consequences to the community of imposing a duty of care with resulting liability for breach; and the availability, cost, and prevalence of insurance for the risk involved;
- The social utility of the defendant's conduct from which the injury arose.

A 2011 law review article identified 43 states that use a multifactor analysis in 23 various incarnations and consolidated them into a list of 42 different factors used by U.S. courts to determine whether a duty of care exists.

Pioneering companies (often in the energy services sector or government contractors) who were some of the first to adopt and implement forward-thinking programs, recognized early on that a critical incident or “crisis,” isn't usually defined as an event impacting large numbers of people. They found that the largest percentages

³International Labour Organization, <http://www.ilo.org/dyn/legosh/en/f?p=14100:1000:31633078050819::NO::>.

of incidents that required support, involved individual travelers or small groups. So while policies, plans, and readiness exercises are good to have in place for those highly visible incidents impacting large numbers of people, if handled improperly, the smaller incidents can cost companies considerably in damages and litigation costs, should their travelers or their travelers' surviving families prove that the companies in question weren't properly prepared to handle such incidents as they arise.

Case Study—U.S. Workers Compensation and Arbitration

Khan v. Parsons Global Services, Ltd

United States Court of Appeals, District of Columbia Circuit—Decided April 11, 2008 ([https://www.cadc.uscourts.gov/internet/opinions.nsf/8DD6474D9DD96BCE85257800004F879D/\\$file/07-7059-1110404.pdf](https://www.cadc.uscourts.gov/internet/opinions.nsf/8DD6474D9DD96BCE85257800004F879D/$file/07-7059-1110404.pdf))

- During the course of employment in the Philippines, on a day off, Mr. Khan was kidnapped and subsequently tortured.
- Employment contract included a broadly worded arbitration clause, and a separate clause specifying “workers compensation insurance” as “full and exclusive compensation for any compensable bodily injury” should damages be sought.
- Allegations that employer’s disregard for Mr. Khan’s safety in favor of minimizing future corporate kidnappings considering the way Parsons handled the situation provoked Mr. Khan’s kidnappers to torture him, cutting of a piece of his ear, sending a video tape of the incident to the employer, causing the Khans severe mental distress.
- Mrs. Khan alleged efforts by the employer to prevent her from privately paying the ransom, despite threats of torture, may have exposed Mrs. Khan to guilt of knowing that she could have prevented Mr. Khan’s suffering if the employer had not withheld the ransom details from her.
- Mr. and Mrs. Khan filed a lawsuit for Parsons’ alleged mishandling of ransom demands by the kidnappers, and also alleging negligence and intentional infliction of emotional distress in D.C. Superior Court in 2003.
- The employer removed the case to the federal district court, arguing on the merits of the New York Convention for the Recognition and Enforcement of Foreign Arbitral Awards, and then filed a single motion to dismiss or, as an alternative, to obtain summary judgment to compel arbitration.
- The employer initially received a summary judgment to compel arbitration.
- Upon appeal, this judgment was reversed. The court found that the recovery of the Khans’ tort claims were not limited by Mr. Khan’s contract to workers’ compensation insurance.
- An additional appeal contended that the initial summary judgment granted by the court denied the Khan’s discovery requests, and dismissed Mrs. Khan’s claim for intentional infliction of emotional distress
- Through the appeals process, the court found that the employer had in effect waived their right to arbitration.

This case study calls into question legal jurisdiction, U.S. workers’ compensation liability limitations for employers, and the value of being prepared for such an incident as kidnapping.

This chapter outlines at a high level general categories that all companies must take into consideration when developing a TRM program. Very often the question is asked, “Do I really need to do any of this, because our company hasn’t been sued to date?” If you have employees or contractors traveling on your behalf (especially internationally), whereby your company is paying for their time and/or expenses, then the answer is absolutely yes. The level of investment and complexity may vary between companies, but in general, all companies must have a plan for how to address the issues provided herein and others. Duty of care is never finite in its definition because companies must consider how laws from one country to the next will apply to travelers, contractors, potential subcontractors, and expatriates and their dependents, as well as any potential for conflict of law. Also, as shown in the *Khan v. Parsons Global Services, Ltd.* case study listed earlier in this chapter, employer remedies such as worker’s compensation insurance in the U.S. aren’t absolute; and therefore, warrants additional efforts and protections. Consider the following incident types or risk exposures, which in some instances can impact large numbers of travelers, but more commonly impact only one person.

Examples of potential risk exposures and incident types

Medical issues or concerns

According to the U.S. Department of Commerce International Trade Administration, only 10 percent of international business travelers receive pretravel health care. Pretravel health care can include, but is not limited to things like new or updates to vaccinations or inoculations, general health exams, medical treatment or procedures for a condition that may be risky to travel with, or prescription medicine planning for travel lasting for extended periods (longer than 30 days).

The chief operating officer at iJET, John Rose, comments that, “A percentage of calls into our crisis response center are for minor, individual medical issues.”

However, callers may not always know that the situation is minor until they reach someone for support, which is why having an easy-to-identify, easy-to-access, single contact number or hotline for medical and security support is so important to all companies. A contracted crisis support service will know based upon predetermined protocols, which providers will support the traveler in the part of the world where they are traveling for medical issues, and ensure that the traveler gets the immediate advice that they need from a vetted medical professional. Sometimes with a brief conversation with a nurse, the parties can determine a minor treatment that the traveler can facilitate, and in other circumstances a referral to a more senior medical official or emergency medical resource may be necessary based upon the initial consultation by the first-level medical support personnel contracted by the traveler’s company. As discussed later in the book, who provides the crisis response case management and who provides the medical or security services specific to the traveler in question are not necessarily mutually exclusive. There could be different providers in different parts of the world, used for different reasons that are outlined in company policies and protocols.

The consequences of mistakes as a result of a lack of preparation or resources can be costly, from financial loss and traveler productivity loss to the company, to a serious health issue for the traveler, or simply a ruined trip.

While clarity via training and policies on who supports traveler medical issues should be very clear to everyone within an organization, the following common medical mistakes should be avoided where possible, as recommended by Dr. Sarah Kohl, MD of TravelReadyMD (<http://www.TravelReadyMD.com>):

Mistake 1: Assumption that vaccines are complete preparation for an overseas trip

Statistically, most medical problems you are likely to experience while traveling overseas cannot be prevented with a vaccine. For example, there are no vaccines for jet lag, diarrhea, blood clots, malaria, or viral infections such as dengue. Before you travel overseas, make sure you are educated about these potential problems. Most can be prevented with simple measures.

Mistake 2: Conflicting Internet information

Information from different sources on the Internet can be conflicting and can lead you to believe you need more interventions than actually necessary. As travelers prepare to depart, employers should provide them with access to resources that can advise on medical concerns relative to your destinations. Of course, travelers should also discuss any personal medical condition concerns with their own or qualified medical professionals in addition to receiving employer provided risk intelligence regarding their trip.

Mistake 3: Failing to make simple preparations for predictable health issues

Unfortunately, travelers regularly suffer needless medical complications because they fail to take simple steps to avoid predictable issues. Simple precautions can save you a lot of discomfort and make your trip safer and more enjoyable.

Here are some examples: medical compression stockings, if properly fitted, can protect you from a life-threatening blood clot. Knowing the right insect spray to choose, from the multitude of choices available, can protect you from insect-borne disease. Avoiding seemingly harmless activities in certain locations (ones that a hotel concierge might even recommend) can protect you from parasites, respiratory illness or malaria.

Mistake 4: Assuming the quality of care for chronic conditions abroad

Travelers often fail to recognize how a common illness such as diarrhea or a respiratory infection can cause a flare-up of an underlying condition. Travelers who are good at managing food allergies, asthma, and diabetes at home may experience difficulty finding the resources they need overseas. In addition, these individuals may find themselves looking to a non-English-speaking doctor for help.

Mistake 5: Assuming that travel to a Western-style country is travel to a low-risk country

Measles, tuberculosis, and other infections are gaining a foothold in some European countries. Low immunization rates within these communities are thought to be the root cause. Don’t risk becoming ill or bringing an infection home. Check with your health care provider before you travel to discuss preventive measures.

If you have a chronic health problem that is well under control, you will want to be prepared to self-treat under certain conditions. You may also want to be prepared to access a network of doctors who speak your native language, if needed.

Lastly, travelers should never assume that a pre-existing condition is covered by corporate- or consumer-based travel insurance or medical membership programs. When in doubt, always ask your human resources department or TRM program administrator. Companies commonly expect that corporate insurance policies or Business Travel Accident (BTA) policies provide enough coverage for travelers, when sometimes they may not. This is why protocols and regular training exercises for internal risk program stakeholders take place, to understand what is covered and what is not, as well as how to handle each situation.

Whether insured or not, consider the value and cost savings of prevention based treatment as shown in the examples provided below.

Estimated examples of costs for prevention versus treatment of some potential medical issues while traveling abroad

Incident	Average prevention cost	Average cost of treatment	Average workdays lost
Malaria	US\$162	US\$25,000	6–24
Hepatitis A	US\$200–\$300	US\$1800–\$2500	27
Medical emergencies abroad	US\$15–\$370—cost of medical evacuation and support insurance for a 2-week trip	US\$25,000–\$250,000—cost of medical emergency without coverage	

Source: U.S. Department of Commerce International Trade Administration, “Business Pulse: Travelers’ Health,” <http://www.cdcfoundation.org/businesspulse/travelers-health-infographic>.

Biohazards, toxicity, epidemics, and pandemics

Consider the possibility that anything that an employee or representative comes in contact with during the course of a business trip (during or after hours) that can potentially make them ill or kill them is a liability to the employer.

Biological hazards or biohazards are pathogens that pose a threat to the health of a living organism, which can include medical waste, microorganisms, viruses,

or toxins. Toxicity is the degree to which a substance can damage an organism (not exclusively biological, as it could be chemical).

Brett Vollus, a former Qantas airline employee of 27 years, filed suit against the airline claiming that his spraying of government-mandated insecticides on planes to prevent the spread of insect-related diseases like malaria, caused him to develop Parkinson disease after 17 years of administering the chemicals in the flight cabins. It was also discovered from a brain scan after a tripping incident that Vollus had a malignant brain tumor. Considering this was a government mandate, it will be interesting to see if the question becomes: What did the government know about the risks of these chemicals? If a precedent is set in this suit, will liability extend to other airlines using or who have used such chemicals for extended periods, against repeat business travelers who regularly flew or fly in markets where such spraying was or is common practice over a long period of time?

Epidemics are outbreaks of disease that far exceed expected population exposures during a defined period of time. Epidemics are usually restricted to a specific area, as opposed to pandemics that cover multiple countries or continents.

Mature TRM programs monitor these more visible outbreaks and recommend vaccinations for travelers going to impacted areas; they also provide access to emergency medical resources when necessary, but also have a large focus on education, training, and prevention. However, employers should always be mindful of other environmental factors in the traveler's workplace both at home or abroad, such as urban or rural environmental factors. Examples may include prolonged exposure to pollution, lack of sanitation (particularly when it comes to their expat communities). Employers should work towards limiting those exposures or changing the environment through continuous process improvement reviews.

According to major medical and security evacuations suppliers, corporate-sponsored evacuations involving one or more travelers happen almost every day when you include both medical and security-related evacuations. It is a mistake to think that just because a case study or example is slightly dated, the instances they represent occur infrequently. It's quite the opposite. However, most incidents are not publicly documented to the degree that they can be reported upon.

Pandemics

The five primary things that companies must be concerned with when facing a pandemic situation are:

1. The potential impact on personnel.
2. The pandemic, crisis response plan.
3. The potential impact on business operations.
4. The potential impact on business supply chain.
5. The potential impact to share value or price.

What many companies don't consider is the potential for shareholder lawsuits against executives for business losses resulting from a lack of planning for situations such as pandemics. From shared sick time policies to work-at-home policies during

a crisis, being able to quickly communicate a position or a plan, and to answer questions in the event of such an emergency, can not only save money and productivity, but garner employee confidence and calm nerves. [Chapter 9](#) elaborates on the relationship between travel risk management (TRM) and other aspects of risk management across the enterprise (ERM—enterprise risk management).

Ebola's impact on Fonterra's bottom line

According to the *New Zealand Herald*,⁴ the country's largest company, Fonterra, could lose \$150 million because of the Ebola epidemic. Fonterra CEO, Theo Spierings, noted that when African countries lock down their borders to control the disease, demand dropped for Fonterra's products. He commented, "So...movements in West Africa become more and more difficult, so that limits movement of food as well, movement of people—people going to the market, doing their groceries—so you see demand really dropping pretty fast." "If the market in West Africa slowed down or dropped off that would affect 100,000 tonnes of powder," Mr. Spierings said. "That's about 5 percent, 6 percent of our exports. So you talk...\$150 million or something like that."

White Paper

Is your organization pandemic ready?

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Introduction

Most businesses have already begun to feel the impact of the H1N1 virus, with absenteeism rising.

Harvard's School of Public Health recently released survey data showing how deeply concerned U.S. businesses are about the possibility of widespread employee absenteeism that might follow an outbreak of the swine flu (H1N1).

Researchers from the school questioned more than 1000 businesses across the country. Two-thirds of companies said they couldn't operate normally if more than half of their workers were out for 2 weeks. And four of five organizations predicted severe operating problems if half of their workers missed a month of work.

⁴*New Zealand Herald*, "Ebola Epidemic Could Cost Fonterra \$150m," October 25, 2014, http://www.nzherald.co.nz/business/news/article.cfm?c_id=3&objectid=11348296.

These survey results should encourage all organizations to prepare for the worst by developing a crisis management plan. In addition to ample warning, senior management has ample *reason* to prepare, and no excuse not to. An organization's executives won't be blamed for the outbreak, but they do risk censure if they fail to prepare, respond, and communicate with internal and external stakeholders.

This white paper tells how.

To help organizations and their leaders prepare for a possible H1N1 pandemic, certain key issues must be addressed to keep operations running as smoothly as possible:

- Human resource (HR) issues that drive pandemic planning.
- Planning for steps necessary to keep an organization operating during the pandemic period.
- Implementing steps needed to create an enterprise-wide crisis management plan.
- Internal and external issues that crisis communications must address.

Why bother planning for the H1N1 pandemic? To put it simply, companies and organizations that plan for any type of crisis demonstrate the behavior of responsible citizens. Formulating a detailed crisis management plan specifically for H1N1 achieves four things:

1. Protects employees' health and safety.
2. Lessens the chance of a major interruption of your daily business.
3. Protects your company's or your brand's reputation.
4. Allows daily business activity to continue with minimal disruption if you are affected.

Companies must establish open lines of communication with all audiences while dealing with the effects of the pandemic or other significant events. Should one occur, these stakeholders will want to know what you are doing to manage the situation and minimize their risks. If you communicate with these stakeholders openly and promptly, you send four valuable messages:

- You are taking charge of the situation.
- You take it seriously.
- You have the best interests of your staff and customers at heart.
- You run a responsible company with nothing to hide.

Pandemic planning begins with human resources

Pandemics have a disastrous effect on a company's optimal functioning because they prevent large numbers of critical employees from showing up for work. The resulting interruption to normal operations can have a disastrous cascading effect, affecting nearly every corner of the organization at considerable cost.

Employees unable to work or prevented from working become anxious and insecure. When they start asking management questions that aren't answered sufficiently or quickly, it exposes the fact that management hasn't developed

contingency plans or that management failed to consider what employees need to know. Part of the cost of failing to prepare can be measured by the resultant loss of trust in management's capability, judgment, and credibility.

We know from experience there are certain predictable questions that employees will ask and HR departments must be prepared to answer. For example:

1. Will H1N1 close our business down?
2. If yes, what will happen to my paycheck?
3. How long could we be closed?
4. How long could the company be closed and still survive?
5. What are we doing to make sure we can stay in business?
6. Will I still have a job if the flu forces us to shut down?
7. Will I still get paid if I get the flu and have to stay home?
8. Will I get paid if schools close and I have to stay home with my children?
9. What will happen to my health insurance coverage?
10. What will happen if I run out of sick days?
11. How will I find out what is happening around the company and how it might affect me?
12. If H1N1 hits us, how will my job change? Exactly what will I have to do?
13. Will it be possible for me to work from home, using the Internet and phone?
14. I do not want to be forced to work next to someone who's sick. What is our policy regarding people who insist on coming to work when they have the flu?
15. What should I tell our customers/vendors/partners, etc., when they ask what's going on?

HR departments should, as a matter of urgency, review attendance and sick-day policies to ensure they have made allowances for managing the larger-than-normal issues H1N1 creates. Some of the policies that will need to be considered for implementing or addressing include:

1. How/when to start monitoring/screening employees at the workplace to determine if they are sick or pose a risk.
2. How/when sick employees should be sent home to protect colleagues at work or be stopped/prevented from coming to work where they could infect colleagues.
3. How/when the company should be temporarily closed due to the number of sick employees.
4. How/when to implement steps to minimize face-to-face contact at work.
5. How/when to allow certain employees, including senior management, to work remotely from home or another branch/office.
6. How/when employees should be allowed to stay at home to look after sick family members.
7. How/when the company's travel policies should be changed/suspended.
8. How/when to stop employees from coming into contact with suppliers and customers.
9. How/when to implement and enforce a "wash your hands" and "cover your mouth and nose when coughing and sneezing" policy; this must include making face masks and the use of hand sanitizers mandatory across the company.

10. How/when to change the company payroll policy so that all employees receive electronic payments into their accounts; consider establishing an emergency “employee help” fund.
11. Any and all extensions/additions to your existing payroll and work hours’ policies.

At the core of your H1N1 crisis plan, your HR department must be fully prepared to explain and communicate any new policies or changes to employees on an ongoing basis in all offices. This includes offices and employees that may not be affected by the pandemic at all. International and regional offices must also be briefed as they, too, could be directly impacted if there is an H1N1 outbreak.

Employees should also be asked for input and ideas. This may help to highlight potential management or operating aspects that have not been considered. It will also make employees feel part of the pandemic planning process and thus, more accepting of and cooperative with the final plan.

If appropriate to your workplace and organizational culture, additional steps can be taken to protect employees by putting up educational posters, using training materials, and even arranging for annual flu shots (under doctor’s supervision) to be provided in the workplace for convenience. Employees should also be encouraged to learn and do more on their own and away from work.

All of these actions send a message to employees that you are looking out for them, their jobs, and the company’s well-being. In return, employees are much more likely to “go the extra mile” in order to lessen the business impact of widespread absences.

Communicating during a crisis is important, but what businesses do is always more important than what they say. Making good decisions and providing straightforward, honest and factual information to all employees with frequent updates is one of the most critical actions management can take.

Crisis planning specifically for H1N1

Ideally, all companies and organizations would have enterprise-wide crisis plans in place before a crisis breaks. But realistically, we know from multiple surveys that at least half don’t. Too many companies assume an “it can’t happen to me” mentality or, in tough business or competitive conditions, they decide not to invest in “insurance” activities. Unfortunately, some find out the hard way that you cannot choose your crisis; it chooses you—and almost always at the most inconvenient time.

If yours is an organization that hasn’t taken the steps necessary to implement crisis preparedness, here are some **interim steps that you can take quickly** to address H1N1. Remember, the most effective and least costly way to manage a crisis is to prevent it from happening in the first place. You cannot stop H1N1, but you can take steps to keep it from damaging your operations, your reputation, and your bottom line.

Here’s a quick checklist of things an organization can do, even at this late date:

1. **Appoint a pandemic coordinator or team.** This individual or team will lead the organization through various steps to become pandemic-ready.

2. Have them first **conduct a vulnerability and risk assessment**. That means identifying areas in which you are at heightened risk of infection or in which your responses or ability to compensate will probably be weak. Armed with this knowledge, you should be able to prepare for **worst-case scenarios** and begin planning accordingly.
3. Get your **Crisis Management Team** up to speed. A crisis management team consists of senior employees who will deal full time with a crisis while the rest of the organization runs as normally as possible. The most effective crisis teams typically consist of no more than five members who serve as its decision-making leadership. Crises are not situations for committees or consensus building. They demand swift and certain decisions and actions be made under “battlefield conditions.” We strongly recommend that you have a “five-star general” heading up your team.
4. A Crisis Management Team must possess sufficient inherent or delegated power to **command unrestricted access to a full cross-section of corporate disciplines**, including HR, sales, customer service, information technology (IT), security, operations, facilities management, communications, department/business unit heads—from every corner of your organization. The Crisis Managers must know who from these disciplines are to be brought on to support the Crisis Management Team on an as-needed “on-demand” basis. Note that these disciplines are for advice and support, not crisis decision making.
5. Management should assign each person on the Crisis Management Team and the designated support providers to **specific roles and functions ahead of time**—and give them full authority to carry them out.
6. The team should also include someone who will be **company spokesperson** throughout the crisis. Ideally, the spokesperson should be a senior company executive. He or she should have received formal media training, and should have the stamina, self-discipline, and inner strength to be able to convey trust and believability when speaking during a time when bad news may need to be delivered to various audiences.
7. Think about including **external experts** on your team. These could include public health consultants, doctors, HR consultants, and business continuity experts.

No organization can hope to be crisis-ready unless it is prepared with **messaging** ready to be disseminated to audiences on short notice and under pressure. Crisis messaging typically consists of fully or partially (fill-in-the-blanks type) prepared statements addressing a range of potential situations **anticipated in advance**. Prepared organizations keep them in a template format. Then, as a crisis develops and the actual facts of the situation become known, the relevant template can be rapidly updated with all pertinent information.

In a crisis, you simply do not have time to agonize for long over “What are we supposed to say?” Remember, it is only during the first 60 minutes of a crisis that you have your one chance to **take control of the situation via proactive communication**. In that time, messages must be disseminated internally to staff and externally to the relevant audiences, such as customers, stockholders, suppliers, and partners, and possibly the media.

Businesses that conduct vulnerability and risk assessments will have a better idea of the templates and draft messaging they will need for a flu outbreak. These situations range from temporarily closing a site to announcing an

interruption of service. The tone of all messaging must demonstrate that management is taking the situation seriously.

Employees are your first priority and must receive crisis-related messaging before anyone else. The media and relevant external stakeholders can then receive the same or similar messaging soon after. Department heads in your company can be used to communicate directly with employees. Employees should also be provided with messaging that they can share with others outside the organization. In today's "always-on" instantaneous online world, whatever employees are told invariably becomes public knowledge within minutes.

From time to time, someone will ask a question that cannot be answered using prepared messaging. The crisis team must be prepared to reply "I don't know," and then either explain why, honestly and plainly, or commit to providing the answer at a given time in the future. Nothing destroys trust and creates anger more than speculating or guessing at answers that may be proven wrong at a later stage. While you must *respond* quickly to all questions, you may not be able to *answer* them all. The crisis team must understand the difference.

Stakeholders want reassurance you are doing everything possible to manage the situation and communicating without a hidden agenda. If you intend to keep your business open and running during a significant event, say so. For credibility, communicate the steps that you are taking to ensure it is kept open. If you are asked questions and are uncertain about what will take place, acknowledge this honestly. Make every effort to find the answer quickly and, when you have it, follow up as soon as possible.

Plan to work with third parties. Adopting a go-it-alone attitude in dealing with a pandemic is needlessly dangerous. Organizations are wise to be working with key third-party consultants to make crisis preparedness as robust as possible. Key third parties could include:

- Crisis public relations (PR) consultants
- Doctors and pandemic specialists
- Public health departments
- Emergency medical responders
- HR consultants
- Lawyers
- Local hospitals
- Red Cross
- Security services

Don't overlook your supply chains. Companies providing each other with operations-critical products, goods, or services become inextricably linked. A problem in another company may cascade to yours, affecting your ability to meet contractual obligations. Steps they take to stay in business may be beneficial or disruptive to you. Knowing ahead of time will help you make appropriate

arrangements or establish alternatives. Cooperating with customers, partners, suppliers, and local governments helps you become pandemic-resilient.

Expert legal opinion must be obtained on how to address contractual obligations should a full scale pandemic break out. If you're prevented from delivering products or services and thus break legally binding contracts, customers/partners could hold you liable for failing to plan adequately. Such legal action could expand or precipitate a second crisis, when the media reports the legal action and you are forced to deal with a reputational crisis.

Crisis communications tools for H1N1

During a pandemic, organizations must communicate effectively with all internal and external audiences. Being ready to communicate proactively and at a moment's notice requires advance preparations.

Internal communications

In all cases, employees are the most important communications targets during a crisis. Friends and family will contact them along with many of their external business relationships (including the media) to ask "What's really going on?" And we know from experience that poorly briefed employees tend to speculate in the absence of solid information. This could easily precipitate a secondary crisis, forcing you to deal with rumor-mongering by employees and potentially false reporting by the media. Either could cause serious damage.

Thus, you must **designate in advance your primary or "official" internal communication channels**, and let everyone in your organization know what they are. While face-to-face verbal communication is the best medium for internal audiences during a crisis, it may not be possible if H1N1 strikes. Depending on your specific situation, one of the following channels should be considered in order to communicate companywide:

- Teleconference
- Webcast
- E-mail
- Public address system
- SMS (texting)
- Company intranet
- Blast voicemail
- Call-in hotlines

Remember: What is written and given to employees can be passed on to the media and other parties.

External communications

Communication with all external stakeholders must be **timely and accurate, with messages consistent with what is being communicated internally**. Messaging differences should be determined by relevance to the receiver. But be safe: when in doubt, overcommunicate. In a crisis, everyone wants *more* information, not less.

If you had to **communicate with 100% of your customers within 60 minutes**, could you? Do you have up-to-date accurate contact information housed in databases that can support mass messaging such as blast e-mail or recorded voice messages with outbound autodialing? Blast-fax? Cell phone information for texting?

Nobody has time to build these contact databases once a crisis strikes. **Assemble them now.**

The best time to start communicating is when there is no crisis. A proactive information campaign could spearhead the opening of new channels of communication with your various external audiences prior to a crisis.

External communication channels

The following external communication channels can be used proactively or reactively depending on the situation:

- Company website
- Teleconference
- Webcast
- E-mail
- SMS
- Voicemail
- Faxes
- News releases including wire services
- Call centers (inbound and outbound)
- Electronic signage

While social media tools such as Twitter, Facebook, YouTube, and blogs can play a role in crisis communication, at this time we believe they are not the tools best suited to be your primary or “official” communication channel to the outside world. Especially for business organizations, social media are not yet universally accessible.

But more importantly, they are not within your complete control. You must be extremely careful about what you say via social media, as it is very difficult to change anything after it has been sent out. It’s the very nature of most crises that the situations and facts change, and change often. Social media messages containing old information can too easily recirculate, causing misunderstandings and conflicts precisely at a time when they can do the most damage.

Business continuity management

A major H1N1 breakout could devastate supply-and-value chains, and possibly close down entire industry sectors. This will prevent companies from providing or delivering much needed services. Customers, partners, suppliers, and employees will feel a significant impact. There will also be financial repercussions.

In short, a business could be forced to close down if it is not ready for all eventualities.

To be truly resilient in a crisis, the organization must have an up-to-date business continuity plan detailing how it will restore its operating functions, either totally or partially, within a certain period of time.

To achieve this, key decision makers must:

- Have an in-depth look at their company to **identify essential functions** needed to keep doors open. Nonessential ones can be temporarily discontinued without impacting day-to-day operations. People with **key skills** that are important to the business during the pandemic must be identified and protected whenever possible. Those with nonessential skills may be told not to report for work during the pandemic.
- Consider contingency plans to **switch operations to other sites**, if possible.
- **Identify alternative suppliers** that you can switch to at a moment's notice. Your primary suppliers of utilities, goods, products and services may suddenly shut down because of poor planning. You should ask current suppliers to disclose what contingency plans they have in place to ensure the provision of uninterrupted service to you. Put backup plans in place to switch to other/competing suppliers and contractors if you're the least bit unsure of their preparedness.
- Determine if their **IT systems are sufficiently robust** so critical technology-dependent business processes would still function.

References

- AON. (May 2009). *Exploding the myths: Pandemic influenza* (2nd ed.). Chicago, IL. Available at <http://img.en25.com/Web/AON/H1N1_WP_050409_72dpi.pdf> Accessed 16.09.09.
- Center for Disease Control (CDC). (August 19, 2009). Preparing for the flu: A communication toolkit for businesses and employers. Atlanta, GA. Available at <http://www.cdc.gov/H1N1flu/business/toolkit/pdf/Business_Toolkit.pdf> Accessed 17.09.09.
- Center for Infectious Disease Research and Policy (CIDRAP) 10-Point framework for pandemic influenza business preparedness 2007 CIDRAP Business Source, University of Minnesota last updated September 8, 2006. Available at <<http://www.cidrapsource.com/source/index.html>> Accessed 15.09.09.
- Department of Homeland Security. (September 2009). Planning for 2009 H1N1 influenza: A preparedness guide for small business. Washington, D.C. Available at <<http://www.pandemicflu.gov/professional/business/smallbiz.html>> Accessed 17.09.09.
- Goulet, D. (September 11, 2009). Pandemic planning and your supply chain. Huddersfield, England. Available at <<http://www.continuitycentral.com/feature0699.html>> Accessed 16.09.09.
- Harvard School of Public Health. (September 9, 2009). Four-Fifths of businesses foresee severe problems maintaining operations if significant H1N1 flu outbreak. Boston, MA. Available at <<http://www.hsph.harvard.edu/news/press-releases/2009-releases/businesses-problems-maintaining-operations-significant-h1n1-flu-outbreak.html>> Accessed 17.09.09.
- Mercer, L., & Kapcio, P. *Internal communications for the avian flu: Anticipating effects on lives and livelihoods 2006 Public Relations Tactics* New York, New York
- U.S. Department of Health and Human Services. (January 2006). Pandemic influenza planning: A guide for individuals and families. Washington, D.C. Available at <<http://www.hhs.gov/>> Accessed 18.09.09.

Air travel health risks and concerns

Even though more than one billion people travel via commercial aircraft every year, illness as a direct result of air transportation isn't common; however, there are risk exposures associated with air travel that both employers and travelers should be cognizant of in order to mitigate the risks when possible.

Air quality within commercial aircraft

Most modern aircraft are equipped with HEPA (high efficiency particulate air) filters, which, according to the European air filter efficiency classification, can be any filter element that has between 85% and 99.9995% removal efficiency. According to Pall Corporation, for aircraft cabin recirculation systems, the definition has been tightened by the aerospace industry to a standard of 99.99% minimum removal efficiency.⁵ Most modern aircraft provide a total change of aircraft cabin air 20 to 30 times per hour, passing through these HEPA filters, which trap dust particles, bacteria, fungi, and viruses. Many airlines have an airflow mix of approximately 50% outside air, and 50% recirculated, filtered air whereby the environmental control systems circulate the air in a compartmentalized fashion by pushing air into the cabin from the ceiling area, and taking it in at the floor level from side to side, versus air movement from the front to back of the aircraft. However, most viral respiratory, infectious diseases, such as influenza and the common cold, are transmitted via droplets that are most commonly transmitted between passengers by sneezing or coughing. These droplets can typically only travel only a few feet this way. However, it is their survival rate once they land on seats, seatbelts, tray tables, and other parts of the passenger cabin that can provide additional exposure, which is why sanitation of your personal seating area when traveling, particularly your hands with an alcohol-based sanitizer before eating, is important. Surgical masks have been shown to reduce the spread of influenza in combination with hand sanitization, particularly when worn and practiced by the infected individual.

Viral outbreaks in recent years of concern to business travelers have included Middle East respiratory syndrome (MERS), severe acute respiratory syndrome (SARS), and Ebola, H1N1 (Swine Flu), among others.

The International Air Transport Association (IATA) has developed an "Emergency Response Plan Template" for air carriers during a public health emergency, which can be found at the following link: <http://www.iata.org/whatwedo/safety/health/Documents/airlines-erp-checklist.pdf>

Disinsection

Disinsection is the use of chemical insecticides on international flights for insect and disease control. International law allows disinsection and the World Health

⁵ Pall Corporation, "Cabin Air Q&A," n.d., <http://www.pall.com/main/aerospace-defense-marine/literature-library-details.page?id=46181>.

Organization (WHO) and the International Civil Aviation Organization suggest methods for aircraft disinsection, which include spraying the aircraft cabin with an aerosolized insecticide while passengers are on board, or by treating aircraft interior surfaces with a residual insecticide when passengers are not on board. Two countries, Panama and American Samoa, have adopted a third method for spraying aerosolized insecticide without passengers on board.

Immobility–blood clots (deep vein thrombosis)

Not specific to just air travel, blood clots or DVT (deep vein thrombosis) can be a serious and potentially deadly health risk for any traveler with restricted mobility in an aircraft, car, bus, or train. Anyone traveling for more than 4 hours without sufficient movement can be at risk. Many blood clots are not necessarily visible and can go away on their own, but when a part of one breaks off, there is the possibility of it traveling to your lungs, creating a pulmonary embolism, which could be deadly.

In addition to traveler training on prevention of DVT, companies should take this threat into consideration with regards to international class of service policies or reimbursement consideration for upgrades.

According to the U.S. Centers for Disease Control (CDC), the level of DVT risk depends on whether you have any other risks of blood clots in addition to immobility, as well as the length or duration of travel.

The CDC also states that most people who develop blood clots have one or more other risks for them, such as:⁶

- Older age (risk increases after age 40 years)
- Obesity
- Recent surgery or injury (within 3 months)
- Use of estrogen-containing contraceptives (e.g., birth control pills, rings, patches)
- Hormone replacement therapy (medical treatment in which hormones are given to reduce the effects of menopause)
- Pregnancy and the postpartum period (up to 6 weeks after childbirth)
- Previous blood clot or a family history of blood clots
- Active cancer or recent cancer treatment
- Limited mobility (e.g., a leg cast)
- Catheter placed in a large vein
- Varicose veins

Civil unrest (including active shooter situations)

Civil unrest generally takes place when a group of people in a specific location is angry, resulting in protests and violence. Around the world, there are countless incidents of civil unrest that erupt, which can not only cause inconvenience and safety concerns for business travelers, but can also cause mental and emotional stress for

⁶U.S. Centers for Disease Control (CDC), “Blood Clots and Travel: What You Need to Know,” n.d., <http://www.cdc.gov/ncbddd/dvt/travel.html>.

which the employer is ultimately responsible to try to limit the effects of whenever possible, and to treat as early as possible after the incident is over.

Within the first 6 months of 2014, the world saw civil unrest and protests in Turkey, Brazil, Ukraine, Thailand, Venezuela, Malaysia, Cambodia, India, Egypt, Hong Kong, Russia, China, and the United States (excluding military acts of war or civil war).

In January of 2011, governments and private organizations from around the world began evacuating people from Egypt due to civil unrest. Approximately 50,000 Americans lived and worked throughout Egypt at the time, and approximately 2400 requested evacuation assistance from the U.S. Government. Such an exercise requires massive planning and resource availability, even for much smaller groups of people. Consider the number of other companies competing for the same resources to evacuate their people, as well as the general public trying to leave. Companies without a plan in place, along with proper strategic crisis response resources, would have been last in line to evacuate their impacted travelers and at greater risk for someone getting hurt or killed.

At one time, civil unrest may have been considered primarily politically motivated, but today, there are many factors that lead to the spark that starts the fires of violence. Things such as overpopulation, lack of food and resources, poverty versus wealth (income inequality), crime, lack of jobs and religious persecution, while sometimes related to political causes, are all reasons for the increased violence we see today. With the advent of mobile technology being increasingly available to the middle and lower classes of the world, it doesn't take much or long time-wise, to incite anger or hatred in others who can assemble quickly, sometimes before one has a chance to react. Throughout the text of this book, readers should see a common theme about the importance of quality risk intelligence. The previous statement about violence breaking out before one can react, is a perfect example of how real, risk intelligence (not simply recycled news) can often predict these events as they are starting to come together and warn people in advance, so that companies and individuals can take steps to mitigate their exposure. In such examples, would employers and travelers want "cheap information" from a provider that primarily scrapes news wires on the Internet, or qualified, vetted security analysts with thousands of sources? If a life depended on it, I'm confident that people would choose vetted intelligence. Another way to understand the value of news versus intelligence is that "intelligence" is in effect "analysis + news + context + advice." Experienced security analysts specializing in specific geographic areas and subject matter produce quality intelligence.

Climate change can also drive civil unrest with sea-level risings, damage to property, water shortages, and increased costs associated with lost productivity or infrastructure collapse. People simply go where the goods and the work are provided. When that is lost for various reasons over a large area, there can be mass migrations that sometimes see the intervention of military units to prevent border crossings and an unanticipated drain on other population's resources.

Property damage and serious violence in Vietnam in May 2014, as a result of anti-Chinese protests, was experienced not only by Chinese businesses, but by other assets owned by companies from additional countries. Some manufacturing experienced an interruption to production, causing between 4 percent and 16 percent decreases

in company share prices. These figures and insight are intended to support business cases for companies to invest in not just products and programs to avoid business disruptions caused by civil unrest and other factors, but the time required to simply have plans in place to mitigate the risk.

Harassment by authorities

Imagine being in a foreign country on business and getting pulled over on the road in your rental car by a local police officer. Unaware of any laws that you may have broken, after a quick discussion with the officer, you realize that they are extorting you for a bribe and you simply don't have the cash or the training to respond to the situation properly. Alternatively, a traveler arrives in foreign country via a commercial flight, carrying marketing collateral and merchandise to give away at a conference that they are attending. The local customs authorities misinterpret part of your merchandise, because the conference is being held in a deeply religious country with harsh laws regarding morality. Not only does the traveler fear for their safety, the company doesn't want to cause an international incident, which can be difficult to clean up. Does your company provide resources and training to travelers regarding how to handle themselves in such situations?

Considerations for female travelers

Women from Western countries may still find it hard to believe how many places in the world where their personal safety, and possibly their lives, can depend upon the length of their skirt and sleeves, or the time of day that they are out and about, particularly without a male escort. In 2013, a woman from New York was found dead in Turkey; a Turkish man confessed to killing her after allegedly trying to kiss her. According to news reports, she was a first-time international traveler, an avid social media user, and was in constant contact with friends and family. It is reported that she wasn't off the beaten path or doing anything risky, simply taking photographs.

Sometimes just having some awareness training about your destination can save female travelers the potential for conflict or incident, such as holding one's purse in her lap or at her feet with a thick strap around her leg to secure it, or ensuring that luggage tags do not openly display addresses and have a cover that must be opened to reveal the information. According to Joni Morgan, Director of Analytic Personnel at iJET International, "In some cultures, for instance, it's not appropriate for a woman to initiate a handshake." "In Afghanistan, it's considered an insult to show the bottom of your shoe, so when crossing your legs, you want to be aware of that."⁷

Female road warriors are learning important skills that are notably helpful in all destinations, but in some more than others, additional care should be taken. Indications of when to take additional care is an important part of pretrip travel

⁷ Charisse Jones, "Female Business Travelers Face Special Challenges," *USA Today*, March 8, 2015, <http://www.usatoday.com/story/travel/roadwarriors/2015/03/08/tips-for-women-business-travelers/23889099/>.

intelligence provided by an employer's TRM program, supported by a vetted travel risk intelligence provider.

Some considerations for female business travelers while traveling alone or even with peers on business include the following:

1. Always plan your route before going anywhere. Never leave your hotel or office without understanding where you are going and appropriate routes. Travelers do not want to look lost in the street looking at maps or their mobile devices for directions.
2. Use vetted taxis or ground transportation providers. Make an attempt to prebook all transportation with providers that your company has preapproved, and have appropriate security policies and procedures in place, such as identifiable car numbers, driver identification, tracking, and electronic order confirmation. Removing the potential for unfamiliar, unvetted ground transportation providers can drastically reduce the potential for assault or abduction.
3. Purchase peephole blockers for hotel room doors. For a small amount of money, travelers can purchase a device to block the outside view of the inside of their hotel room by assailants who have devices that enable broad visibility inside hotel rooms from the outside via peepholes. In the absence of such a device, place tape or a sticker over the inside peephole opening.
4. Choose your hotels carefully. Make it clear to your employer that you take safety seriously and that you expect safety considerations to have been taken into account when designating preferred hotels for employees to stay at. Employers should be able to articulate what kinds of safety standards go into their preferred hotel selections, which form the basis for how different incidents can be mitigated or handled should an incident occur.
5. Never stay at hotels or motels where the room door is exposed to the open air (outside).
6. Try to not accept hotel rooms on the ground floor. Being on a higher floor makes it more difficult for an assailant to get away or not be seen on surveillance cameras.
7. Never tell anyone your room number verbally. If a hotel employee asks for it, provide them with it in writing and personally hand it to them. Do not write it on a check and leave it unattended. You don't want someone in the area to overhear you providing this information verbally or to view it on your check.
8. Alcohol consumption—Never leave your drink unattended or out of your sight. A momentary distraction is an opportunity for someone to place drugs into your drink. Also, never drink until intoxicated while on business and be mindful of locations where drinking alcohol may even be illegal.
9. Emergency phone numbers—Know the equivalent of 911 or the local emergency services phone number and your local consulate or embassy phone numbers and preprogram them into your mobile phone, in addition to your company's provided crisis response hotline. Whichever number you are instructed to call first according to your company's policies (if your company provides a crisis hotline), having those numbers handy can save your life when moments count.
10. Never tell anyone that you are traveling alone. Avoid solitary situations. Try to remain in social situations where plenty of people are around. If you feel uncomfortable, leave.
11. Leave a TV or radio on when you leave your hotel room to provide the perception that someone is in the room.
12. Never hesitate to ask security or someone to escort you to your room, and avoid exiting an elevator on your hotel room's floor when sharing the elevator with a man. If necessary, go back to the lobby level until more people get on the elevator or you can ride it alone.

13. Use valet parking. Self-parking can often put individuals at risk of assault in unsupervised car parks or garages.
14. Upon arrival at your hotel, take a hotel business card or postcard and keep it with you at all times. If ever you are away and need to return, and you either don't remember the address, or your driver doesn't know where it is, or you don't have a signal on your mobile device, you can use the card to provide address details (usually in the local language).
15. Do not use door-hanging room service order forms (typically for breakfast), as they often note how many guests you are ordering for.
16. Make sure you have adequate insurance. Just because you are on a business trip, doesn't mean that your employer has obtained enough insurance or services to support you in the event that a crisis occurs. Hopefully, employer-provided insurance and support services are adequate and have been effectively communicated, but don't travel for business without a thorough understanding of what kind of coverage and support you have. In particular, any medical coverage should guarantee advance payment to local service providers and not require travelers to pay for services and file for reimbursement upon their return home. Most people don't have access to the many thousands of dollars that might be necessary to procure sufficient treatment and support.
17. Travel with smart travel accessories. Travel with a small, high-powered flashlight and one or more rubber door stops for the inside of your hotel room (be aware of the downside of using in case of a fire).
18. Leave copies of your passport with someone at home who can easily get a copy to you if you need it. Having a copy can expedite the replacement of a lost or stolen passport if needed.

Cultural or social stigmas and violence against women

Honor killings

An honor killing is a homicide of a family member, typically by another family member, based upon the premise that the victim has brought dishonor or shame to the family, in such a way that violates religious and/or cultural beliefs. Again, as with religious or cultural restrictions on modest clothing, honor killings are not exclusive to women, but within the cultures and countries where honor killings are more generally accepted, men are more commonly the sources or perpetrators of the revenge or honor killings, very often charged by the family to watch over and police female family member behavior, restricting or prohibiting things such as adultery, refusal to accept an arranged marriage, drinking alcohol, or homosexuality. Honor killings are not exclusive to any one country or religious faith, because they are found in a broad scope of cultures, religions, and countries. Although more common in places such as the Middle East and Asia, there have been documented cases of honor killings in the United States and Europe.

If honor killings were based largely on the premise of family honor, why would nonfamily members or business travelers need to be concerned? Honor killings have been known to happen to nonfamily members in strict, culturally conservative countries. Perceived inappropriate behavior, typically with a female member of a conservative family, could result in the killing of the female family member and the nonfamily suspect. Such killings can even take place in broad daylight. In Lahore, Pakistan in 2014, one such incident occurred involving multiple participants while

the police looked on. The victim killed for marrying a man that she loved without family consent.⁸ Often these crimes are hard to document or record because they are disguised as suicides or, in some Latin American countries, as “crimes of passion.” The United Nations Fund for Population Activities (UNFPA) estimates that as many as 5000 women fall victim to honor killings each year.⁹

Dress expectations for women

Article 57 of Qatar’s constitution states that it is a “duty of all” who resides in or enters the country to “abide by public order and morality, observe national traditions and established customs.” This means that wearing clothing considered indecent or engaging in public behavior that is considered obscene is prohibited to all, including visitors. In Qatar, the punishment could be a fine and up to 6 months in prison. With kissing or any kind of physical intimacy in public, as well as homosexuality, being outlawed under Sharia law, *all* travelers to or via the Middle East for business or tourism purposes (e.g., to attend the 2022 World Cup), should take heed.

The Qatar Islamic Cultural Centre has launched the “Reflect Your Respect” social media campaign to promote and preserve Qatar’s culture and values. Posters and leaflets advise visitors, “If you are in Qatar, you are one of us. Help preserve Qatar’s culture and values, please dress modestly in public places.” While research finds no definition in Qatar’s Article 57 for modest clothing, campaigns such as this suggest that people cover up from their shoulders to their knees and avoid wearing leggings. They are not considered pants or modest dress. An example of the campaign leaflet can be found in “Qatar Launches Campaign for ‘Modest’ Dress Code for Tourists” published by the *Independent* (UK newspaper).¹⁰ Modest dress applies to both men and women. Of course, strict laws, preferences or rules regarding dress expectations for women are not exclusive to any one country. <http://www.pewresearch.org/fact-tank/2014/01/08/what-is-appropriate-attire-for-women-in-muslim-countries/>.

Sexual assault, harassment, and objectification

While each employer may have specific approaches to handling an incident such as sexual assault, there must be a defined process for reporting such an event that involves crisis response resources that can intervene and provide advice on how to handle the situation with local authorities, perhaps first by contacting diplomatic contacts before contacting the police. Facing local authorities alone in a foreign country for such a sensitive issue as sexual assault can be daunting and intimidating

⁸NBC News, “Family Stones Pakistani Woman to Death in ‘Honor Killing’ Outside Court,” May 27, 2014, <http://www.nbcnews.com/news/world/family-stones-pakistani-woman-death-honor-killing-outside-court-n115336>.

⁹United Nations, Resources for Speakers on Global Issues, “Violence Against Women and Girls: Ending Violence Against Women and Girls,” <http://www.un.org/en/globalissues/briefingpapers/endviol/>.

¹⁰Lizzie Dearden, “Qatar Launches Campaign for ‘Modest’ Dress Code for Tourists,” *Independent*, May 27, 2014, <http://www.independent.co.uk/news/world/middle-east/qatar-launches-campaign-for-modest-dress-code-for-tourists-9438452.html>.

without a company or diplomatic representative being there to assist. Crisis response suppliers should be equipped with necessary contacts, recommended protocols, and resources to help the victim and employer to address the situation and get help as soon as possible. This is another good example of why employers should have a single global crisis response hotline for any crisis that a traveler may encounter while on business travel.

Sexual harassment can happen anywhere. What happens if you require a traveler to use a supplier per the company's travel policy, and a representative of that supplier sexually harasses the traveler? In addition to standard protocols within the workplace, considerations must be given to business travel, which from many perspectives today is an extension of the workplace.

Sexual Harassment Case Study

A female business traveler, over the course of several months on a project, travels during the week, returning home on weekends. Over time, a car rental clerk at the location she rented from weekly, began making comments to her about her appearance each time she checked-in or returned a car. Eventually, the rental clerk began calling her mobile phone to share how he liked what she was wearing and began sending her text messages while she was in town, using the mobile number she provided at check-in. Not responding and scared, the traveler canceled all future reservations and books rental cars with another provider. Shortly thereafter, the clerk began calling and texting her, asking why she canceled and when she would be coming back.

A concerned colleague of the traveler brought the situation to the company's travel manager, who intervened with their human resources and legal departments to proactively address the situation with the authorities and the supplier, and to provide appropriate support for the traveler as best they could. The end result, after much investigation, was the issuance of restraining orders against the clerk and termination of his employment. It turned out that the supplier hadn't done sufficient background checks on its employees and the clerk in question had a history of similar behavior.

Hate crimes

A hate crime is a criminal act of violence targeting people or property that is motivated by hatred or prejudice toward victims, typically as part of a group, based upon creed, race, gender, or sexual orientation.

A critical component of any TRM program is disclosure of potential risks to the traveler prior to taking a trip to a destination. In consideration of laws and cultural beliefs in select countries or regions that sanction the persecution, imprisonment or killing of members of the LGBT (Lesbian, Gay, Bisexual, and Transgender) community, specific races, religions, or sex (mainly women), travelers must be prepared

with information and training on acceptable behavior when traveling to these destinations and understand how to get help should they find themselves in a difficult position or a potential victim of a hate crime. Saying the wrong thing, at the wrong time, in the wrong place, or wearing something inappropriate, or acting a certain way that isn't culturally acceptable in some parts of the world, can put travelers in real danger. How does your company prepare your travelers for facing these challenges as they travel?

While some laws that promote discrimination that can lead to hate crimes are more notable in the press, such as the antigay propaganda law put into place in Russia prior to the Sochi Olympics, some are less obvious to the average business traveler, such as up to 14 years in prison in Nigeria for simply being gay, or India's Supreme Court ban on gay sex, or the execution of homosexuals in Saudi Arabia.

In April 2013, an 82-year-old man wearing Islamic dress was attacked and killed while walking home from his mosque in Birmingham, UK, by a 25-year-old Ukrainian student who told police that he murdered the victim because he hated "nonwhites."¹¹

According to "One in Six Gay or Bisexual People Has Suffered Hate Crimes, Poll Reveals," a 2013 article in the *The Guardian* (UK), some 630,000 gay and bisexual people in the UK have been victims of hate crimes in the previous 3 years, prompting police to take the problem more seriously.¹²

Such examples continue to support the notion that a crisis doesn't need to be an incident that impacts large numbers of people at once. Quite often they involve one person at a time, and they don't need to take place in a high-risk destination, thus discounting the argument by some companies that TRM isn't necessary for those who don't travel to high-risk destinations. A crisis can happen anywhere for many different reasons, affecting as few as one person at a time.

Anti-LGBT laws and cultural acceptance of violence

Although privacy laws generally prohibit companies from asking employees about sexual orientation, making sure that all employees (of any sexual orientation) understand the dangers that face LGBT travelers, can help to mitigate risks for themselves (if LGBT, traveling with an LGBT person, or if perceived as LGBT) or their fellow travelers, considering that there are many countries still in the world where homosexuality is a crime.

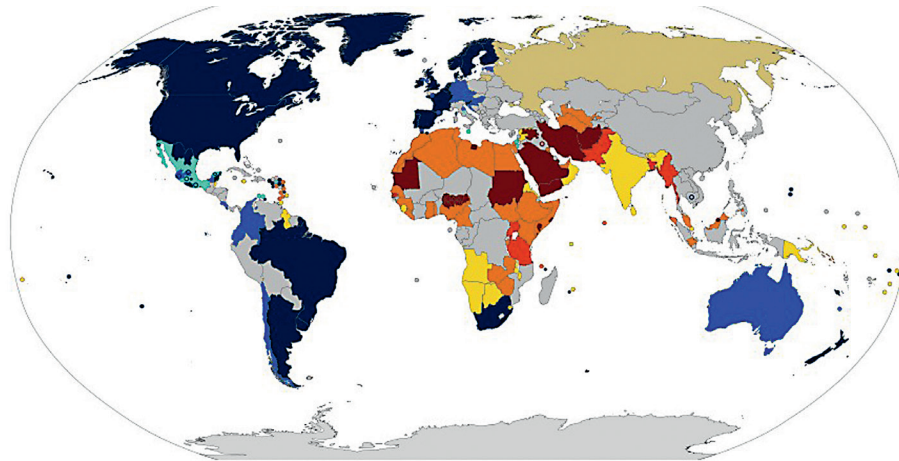
¹¹ Ben Flanagan, "Saudi Woman Killing Sparks Hate Crime Fears in UK," Al Arabiya News, June 19, 2014, <http://english.alarabiya.net/en/perspective/features/2014/06/20/Saudi-woman-killing-sparks-hate-crime-fears-in-UK-.html>.

¹² Jamie Doward, "One in Six Gay or Bisexual People Has Suffered Hate Crimes, Poll Reveals," *The Guardian*, October 12, 2013, <http://www.theguardian.com/world/2013/oct/13/one-in-six-gay-people-hate-crimes>

Amnesty International Facts and Figures

Making love a crime: criminalization of same-sex conduct in sub-Saharan Africa

- Homosexuality is still illegal in 38 African countries (Algeria, Angola, Benin, Botswana, Burundi, Cameroon, Comoros, Egypt, Eritrea, Ethiopia, Gambia, Ghana, Guinea, Kenya, Lesotho, Liberia, Libya, Malawi, Mauritania, Mauritius, Morocco, Mozambique, Namibia, Nigeria, Sao Tome and Principe, Senegal, Seychelles, Sierra Leone, Somalia, South Sudan, Sudan, Swaziland, Tanzania, Togo, Tunisia, Uganda, Zambia, Zimbabwe).
- There is no criminal law against homosexuality in 16 African countries (Burkina Faso, Cape Verde, Central African Republic, Chad, Congo-Brazzaville, Cote d'Ivoire, Democratic Republic of Congo, Djibouti, Equatorial Guinea, Gabon, Guinea-Bissau, Madagascar, Mali, Niger, Rwanda, South Africa).
- In Mauritania, Sudan, northern Nigeria, and southern Somalia, individuals found guilty of "homosexuality" face the death penalty.
- The last five years have witnessed attempts to further criminalize homosexuality in Uganda, South Sudan, Burundi, Liberia, and Nigeria.
- Cape Verde decriminalized homosexuality in 2004, and since 2009, Mauritius, Sao Tome and Principe, and the Seychelles have also committed to decriminalizing homosexuality.
- South Africa has seen a number of positive legal developments over the past decade, including allowing joint adoption by same-sex couples in 2002, introducing a law on legal gender recognition in 2004, and equal marriage for same-sex couples in 2006.
- South Africa has also seen at least seven people murdered between June and November 2012 in what appears to be targeted violence related to their sexual orientation or gender identity. Five of them lesbian women and the other two were non gender-conforming gay men.
- In Cameroon, Jean-Claude Roger Mbede was sentenced to three years in prison for 'homosexuality' on the basis of a text message he sent to a male acquaintance.
- In Cameroon, people arrested on suspicion of being gay can be subjected to forced anal exams in an attempt to obtain 'proof' of same-sex sexual conduct.
- In most countries, laws criminalizing same-sex conduct are a legacy of colonialism, but this has not stopped some national leaders from framing homosexuality as alien to African culture.
- A cave painting in Zimbabwe depicting male–male sex is over 2000 years old.
- Historically, woman–woman marriages have been documented in more than 40 ethnic groups in Africa, including in Nigeria, Kenya, and South Sudan.
- In some African countries, conservative leaders openly and falsely accuse LGBTI (lesbian, gay, bisexual, transgender, and intersex) individuals of spreading human immunodeficiency virus (HIV)/acquired immune deficiency syndrome (AIDS) and of "converting" children to homosexuality and thus increasing levels of hatred and hostility towards LGBTI people within the broader population.
- LGBTI individuals are more likely to experience discrimination when accessing health services. This makes them less likely to seek medical care when needed, making it harder to undertake HIV prevention work for, and to deliver treatment where it is available. In many government programs they are not identified as an "at risk"



Homosexuality legal

- Same-sex marriage¹
- Other type of partnership (or unregistered cohabitation)²
- Foreign same-sex marriages recognized
- Limited recognition of same-sex marriages at the federal level, no state level recognition
- No recognition of same-sex couples

Homosexuality illegal/restrictions

- Laws restricting freedom of expression and association³
- De jure* penalty that is *de facto* not enforced
- Imprisonment
- Imprisonment (up to life sentence)
- Up to death

Rings indicate areas where local judges have granted/denied marriages or imposed the death penalty in a jurisdiction where that is not otherwise the law and/or areas with a case-by-case application.

¹Some jurisdictions in this category may currently have other types of partnerships or recognize foreign same-sex marriages.

²Registered unions in Estonia go into effect on 1 January 2016.

³Other countries with similar laws are shown in darker colours if they also criminalized same-sex relationships.

Map regarding restrictions or legality of homosexuality. Countries with laws criminalizing homosexuality are Afghanistan, Algeria, Angola, Antigua and Barbuda, Bangladesh, Barbados, Belize, Bhutan, Botswana, Brunei, Burundi, Cameroon, Comoros, Dominica, Egypt, Eritrea, Ethiopia, Gambia, Ghana, Grenada, Guinea, Guyana, India, Iran, Jamaica, Kenya, Kiribati, Kuwait, Liberia, Libya, Malawi, Malaysia, Maldives, Mauritania, Morocco, Myanmar, Namibia, Nauru, Nigeria, Oman, Pakistan, Papua New Guinea, Qatar, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Samoa, Saudi Arabia, Senegal, Seychelles, Sierra Leone, Singapore, Solomon Islands, Somalia, South Sudan, Sri Lanka, Sudan, Swaziland, Syria, Tanzania, Togo, Tonga, Trinidad and Tobago, Tunisia, Turkmenistan, Tuvalu, Uganda, United Arab Emirates, Uzbekistan, Yemen, Zambia and Zimbabwe.

Source: Eva Cantarella, *Bisexuality in the Ancient World* (Yale University Press, 1992, 2002, originally published 1988 in Italian), p. xi; Marilyn B. Skinner, introduction to *Roman Sexualities* (Princeton University Press, 1997), p. 11, as cited in Wikipedia, "LGBT Rights by Country or Territory," note 11,

https://en.wikipedia.org/wiki/LGBT_rights_by_country_or_territory#cite_note-11

group, and therefore are not catered for in national HIV treatment and prevention programs. As a result, many are denied access to crucial treatment for HIV and other medical issues.

- In South Africa's Gauteng province, 7.6 percent of black gay men and 8.4 percent of black lesbians reported being refused medical treatment because of their sexual orientation. Men who have sex with other men are nine times more likely to contract HIV than other men. Additionally, an LGBTI activist arrested in Uganda in 2008 was denied medical care for diabetes while in custody.
- Arrests for same-sex conduct have been on the rise in the past decade as more regressive policies are enacted. In Cameroon, where there have been 51 documented arrests for same-sex conduct since 2005, people are often detained for up to 48 hours and forced to submit to anal examinations. In Uganda, the harsh 2009 Anti-Homosexuality Bill has led to more cases of people turning their friends and neighbors in to the authorities than previously.
- Lesbians are more often deliberately targeted for sexual violence. Some deem this practice "curative" or "corrective" rape, laboring under the belief that if the victim has sex with a man, she will be "cured" of being a lesbian. Lesbian girls and women in Cameroon can be forced into heterosexual relationships and condemned to double lives. A member of the Cameroonian national soccer team was kicked out of school under lesbian suspicions. Seven lesbians were arrested at a September 2009 Soweto, South Africa pride event and abused in police custody.

Source: http://www.amnestyusa.org/sites/default/files/making_love_a_crime_-_facts_figures.pdf

Kidnapping and ransom

Kidnapping and ransom activities targeting military enemies and employees of multinational companies who are from countries considered to be enemies to terrorist causes, are the primary fundraising strategies of organized terrorist groups. Even for companies that do not routinely visit high-risk locations, having some sort of policy in place for proof of life, which is the means for verifying that a captive is in fact who the captors say they are and that the captive is still alive, such as by providing information that only the alleged victim would know, can save valuable time in a sensitive situation and perhaps someone's life. Additionally, a kidnap and ransom insurance policy is something for all companies to consider, with an understanding that kidnappings happen at anytime around the world, and largely go unreported. According to *The Guardian News and Media* (UK), approximately 75% of Fortune 500 companies have kidnap and ransom (K&R) insurance. K&R insurance originates from 1932, when it was first offered by insurance provider Lloyd's of London, after the kidnapping and murder of American aviator Charles Lindbergh's infant son.

In 2015, the UK's Home Secretary, Theresa May, supported and passed the UK's "Counter-Terrorism and Security Act of 2015," which prohibits insurers from paying claims used to finance payments to terrorist groups. The UK is where many of the

world's K&R insurers operate. Many insurers insist that it shouldn't matter because they claim to not pay or finance ransoms, but instead pay claims for services and expenses related to negotiating the release of the captives in question, medical and counseling treatment, along with things such as employee salaries while in captivity. It's difficult to obtain information from clients who hold such policies, because most policies have strict cancellation provisions to prevent a company from disclosing the fact that it has such a policy. Details specific to restrictions on insurance related payments associated with terrorist related ransoms in the UK's Counter-Terrorism Act of 2015 can be found at <http://www.legislation.gov.uk/ukpga/2015/6/section/42/enacted>.

Companies with any travel to high-risk destinations have a responsibility to provide some kind of survival training for those travelers, in addition to access to resources and provision of current intelligence before, during, and sometimes after their travel is complete.

To complicate matters, based upon a 2013 G8 summit, an agreement was made to not pay ransoms to kidnappers for fear that the money was directly funding terrorist organizations; therefore, some countries, such as the UK, are enacting laws to prohibit the transfer of funds for hostages in certain circumstances or locations. Senior Foreign and Commonwealth Office (FCO) officials in the UK estimate over \$60 million has been paid in ransoms to terrorists during the 5 years leading up to the 2013 report. It isn't safe to assume that your government will help bankroll your hostages' release if you find yourself in such a situation, and you may face criminal prosecution if you offer a ransom to specific groups.

Who is at risk?

People who commit kidnappings do so for a variety of reasons, including political or religious views, but most often they are purely financially motivated. Perception is everything, so identifying traveling employees of large or multinational companies, makes them an easy target, thus the reason for using code names for arriving ground transportation signs. Of course, how one dresses and where one goes, also have an impact on how victims are targeted (i.e., wearing expensive jewelry, standing out from the crowd in expensive clothing or making it clear that you work for a large multinational company [clothing with logos or meeting drivers with company names on greeting placards]). Later in this book, kidnappings are explored in greater detail. Some statistics will be presented that both companies and travelers should find serious enough to change their perception about the possibility of kidnapping happening to them. Kidnapping incidents should be accounted for in *all* corporate crisis response plans.

Medical emergencies, evacuations, and insurance

While some medical emergencies may require the need for evacuation, it is more common to receive calls for assistance involving acute or preexisting conditions that can be diagnosed and treated locally. Lost or stolen medication, allergic reactions to food or the environment, and unexpected illnesses, are common occurrences when

calling a corporate crisis response hotline. However, in some instances, individuals must be quickly assessed to determine if adequate medical care can be obtained locally, and if not, a decision must be made to evacuate that person to the closest logical facility capable of treating the individual.

Many domestic health insurance plans do not provide coverage for individuals traveling abroad, and often when they do, they require out of pocket expenditures for services; in other words upfront payment by the patient, leaving the patient to file for reimbursement upon the patient's return. More often than not, in these circumstances, this equates to thousands of dollars that most people do not have immediate access to, especially on short notice.

The CDC recommends that if domestic U.S. coverage applies, and supplemental coverage is being considered, the following characteristics should be considered when examining coverage for planned trips:

- Exclusions for treating exacerbations of preexisting medical conditions.
- The company's policy for "out of network" services.
- Coverage for complications of pregnancy (or for a neonate, especially if the newborn requires intensive care).
- Exclusions for high-risk activities such as skydiving, scuba diving, and mountain climbing.
- Exclusions regarding psychiatric emergencies or injuries related to terrorist attacks or acts of war.
- Whether preauthorization is needed for treatment, hospital admission, or other services.
- Whether a second opinion is required before obtaining emergency treatment.
- Whether there is a 24-hour physician-backed support center.

Additionally, one should have coverage for repatriation of mortal remains, should someone covered unfortunately die while away from their home country.

Because so many domestic healthcare plans do not provide for international coverage and evacuations services, companies must provide comprehensive coverage for their employees globally and employees should be fully aware of what is included in said coverage. Employees may decide that what the company offers is not enough by their personal standards and consider purchasing additional coverage to supplement what the company provides. When purchasing different types of travel-related insurance, it's important to understand the differences between the different products offered in the marketplace, especially the differences between consumer and business travel products. Options can include:

1. Travel insurance, which provides trip cancellation coverage for the cost of the trip, delays or interruptions, and lost luggage coverage. It can and often does provide some amount of emergency medical and evacuation coverage, but often requires payment of medical expenses by the insured in the country where services are rendered (versus direct payment by the insurer), and the filing of paperwork for reimbursement upon the insured's return home. Buyers should be mindful of whether or not the policy provides guaranteed payment directly to the suppliers in question.
2. Generally, some consumer based travel health insurance pays for specified or covered emergency medical expenses while abroad; however, such insurance (and others) may require that the individual pay any medical expenses in the country where services are rendered and file for reimbursement upon the individual's return home. Insured parties should always check whether guaranteed payment to providers is included in coverage, as with some consumer-based travel insurance.

3. Medical evacuation coverage is for medical transport to either the closest available treatment facility or the insured's home country for medical attention, depending upon the policy and the situation or medical condition. Considering the cost of medical evacuations, depending upon the distance and the services required for the transport, expenses can vary greatly, but can be very costly. It is recommended that policies have greater than US\$100,000 in coverage (some provide up to US\$500,000 or more), and include transportation support for an accompanying loved one or family member. Policies with less than US\$100,000 in coverage should be reconsidered for possibly not providing enough coverage. Buyers should note that these products cover primarily just the evacuation and not medical services or treatments.
4. Medical membership programs can cater to individual travelers on a per-trip or annual basis or on a companywide basis. These programs can vary widely by provider and membership type, but can potentially provide access to network services resources with separate liability for payment, or network access with some coverage for payment of specified services rendered based upon premiums and policy guidelines.

United States–Workers' compensation

The LII at Cornell University Law School provides a third-party overview of workers' compensation.¹³ Variable forms of this type of coverage are provided at both the state and federal levels in the United States, with similar forms of workers' compensation laws also in place in select countries around the world. These laws are typically intended to provide some form of medical benefits and wage replacement for employees who are injured on the job. This coverage is often provided to employees in exchange for releasing their right to sue their employer for negligence, sometimes with fixed limits on payment of damages. Employers need to understand whether the workers' compensation coverage that is applicable and in place for their and their employees' protection, covers international travel. In some cases, additional policies or riders will be required to provide coverage for travel outside of the traveler's home country or state. Additional considerations to this kind of coverage should be as to "when" and "where" the coverage is in effect outside of a company office or facility (e.g., business travel). In some cases this may limit employer liability, but whether it does varies by jurisdiction and circumstance. Considering how workers' compensation benefits have been reduced in recent years, especially in the United States,¹⁴ much consideration needs to be given to assessing what coverage is needed for traveling employees above and beyond workers' compensation, and coordinated with crisis response protocols and risk management support providers for efficient case management, claims, and documentation.

All of these considerations provide a strong business case for why employers should have unique and specific programs in place for medical services and evacuations for employees and contractors traveling abroad *in addition* to their standard

¹³LII, Cornell University Law School, Wex, "Workers Compensation," https://www.law.cornell.edu/wex/workers_compensation.

¹⁴Michael Grabell and Berkes, Howard, "The Demolition of Workers' Comp," *ProPublica*, March 4, 2015, <http://www.propublica.org/article/the-demolition-of-workers-compensation>.

domestic health care plans and workers' compensation plans. No traveler should embark on a business trip without the complete confidence that medical coverage and resources not requiring their personal, out-of-pocket expenditure is being provided by their employer.

Natural disasters

A 2014 study that included disclosures from 767 institutional investors, representing US\$92 trillion in assets, provided by sustainable-economy nonprofit gross domestic product (GDP), stated that in addition to increased physical risks that are being caused by climate change, climate change is already impacting their bottom line. One major UK retailer has stated that 95 percent of its global fresh produce is already at risk from global warming. According to the French Foreign Minister, commenting at a 2015 UN conference in Japan, two-thirds of disasters stem from climate change. Comments were made days after the 4-year anniversary of the Fukushima nuclear disaster that killed approximately 19,000 people in 2011 from an earthquake and tsunami. Margareta Wahlstrom, the head of the UN Disaster Risk Reduction Agency, stated that preventative measures provided a very good return as compared to reconstruction. UN Secretary General Ban Ki-moon asked world nations to spend US\$6 billion dollars a year on prevention. An important aspect of both a company's TRM and business continuity plan is to determine what are the unique dangers or risks associated with where your offices or facilities are located, as well as where you travel to on a regular basis, making emergency evacuation and safety plans in the event that a unique incident occurs, such as the following case study related to the 2011 Japanese Earthquake and Tsunami. It is important to know what local governments have made available in close proximity to your travelers' or expats' locations in terms of resources, or something that your company itself may provide, such as "vertical evacuation points" to escape rising tsunami flood waters. These vertical evacuation points may be in a building that is tall enough to support large numbers of the local population at a high water level, with ample support systems and supplies. Not understanding and communicating these plans to your people when appropriate could exact a cost in lives, money, and corporate reputation.

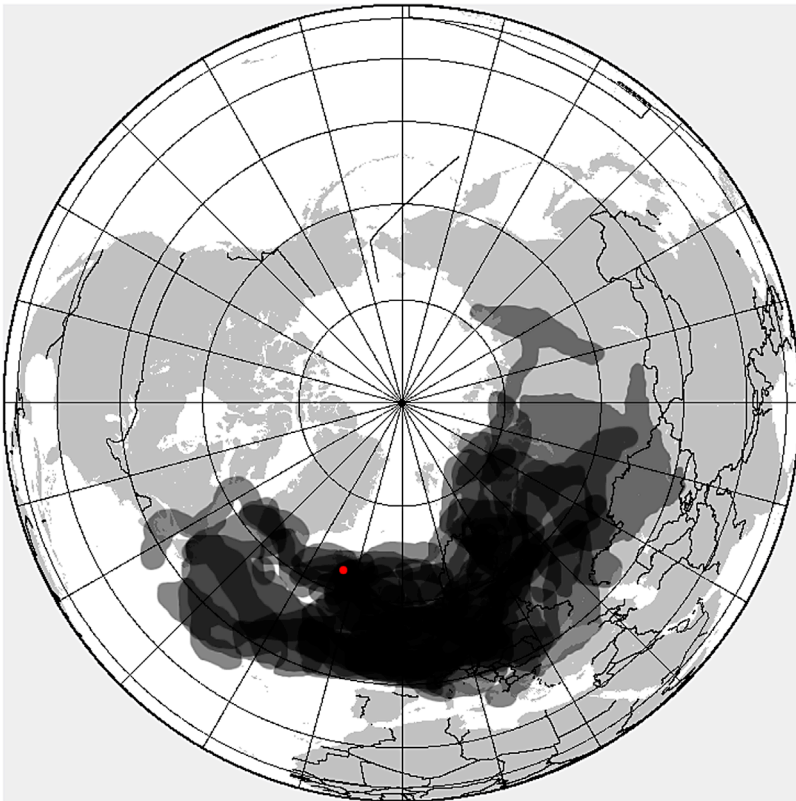
Japanese Earthquake and Tsunami

On March 11, 2011, a 9.0 magnitude earthquake created a 124-foot tsunami. More than 19,000 people died or were presumed dead, with more than 400,000 people evacuated and more than 12.5 million people impacted across the country.*

*American Red Cross, "Japan Earthquake and Tsunami: One Year Update, March 2012," http://www.redcross.org/images/MEDIA_CustomProductCatalog/m6340390_JapanEarthquakeTsunami_OneYear.pdf.

Iceland Eyjafjallajökull Eruption and Ashcloud

For the first time in more than 190 years, Iceland's Eyjafjallajökull Volcano erupted on March 20, 2010, with massive lava flows and ash clouds that closed most of Europe's commercial air space for several days, but then the ashcloud spread to other parts of the world, stranding millions of air travel passengers. Based upon the composite map from the London Volcanic Ash Advisory Centre for the period April 14 to 25, 2010, one can clearly see the massive geographic scale of this incident, and why almost all commercial and private air transportation was prohibited and severe shortages of lodging and emergency shelters occurred.



Composite of ash cloud coverage from Iceland's Eyjafjallajökull Volcano eruption during the period April 14–25, 2010.

Source: [https://en.wikipedia.org/wiki/2010_eruptions_of_Eyjafjallajökull#/media/](https://en.wikipedia.org/wiki/2010_eruptions_of_Eyjafjallajökull#/media/File:Eyjafjallajökull_volcanic_ash_composite.png)
File:Eyjafjallajökull_volcanic_ash_composite.png

Whether or not you believe in climate change and the reasons behind it, the statistics demonstrating the depletion of the world's ice sheets and glaciers, warmer ocean waters, and consistent year-over-year sea-level increases, will touch most multinational companies profoundly in the 21st century. *The New York Times* states that sea levels worldwide are expected to rise 2 to 3 feet by the year 2100, but rates are not occurring evenly worldwide. The *Times*' referenced study states that the Atlantic seaboard could rise by up to 6 feet, with Boston, New York, and Norfolk, Virginia, named as the three most vulnerable areas.¹⁵ If current warming trends and rising sea levels continue, cities such as London, Bangkok, New York, Shanghai and Mumbai could eventually end up under water according to Greenpeace, displacing millions of people and causing massive economic damage.¹⁶

Consider a weather event the size of 2012's Hurricane Sandy, which tips the scales of expected water levels in a low-lying urban city, and results in the displacement of thousands or millions of people, with your travelers or expatriates stuck in the middle of it. When evacuation is not an immediate option, questions regarding the availability of safe accommodation, power, food, and water become priorities as demand far outweighs supply under such circumstances. These occurrences are much more common now than in our recent past.

Evacuations for the disabled

Whether working in their local office or manufacturing facility, or traveling for business, many companies have employees with disabilities. Although building or facility laws and rules may require designated escape routes, ramps, and elevators/lifts in the event of an emergency such as a fire, what about plans for when a disabled traveler is in transit or at a hotel? Special considerations need to be made for disabled travelers in the event of a medical or security-related evacuation, such as:

1. Transporting all medications should the disabled traveler require evacuation.
2. Having adequate medical supplies available during and after evacuation transportation.
3. An accessible method of handicap transport.
4. Addressing any additional criteria needed to determine whether the disabled traveler should be transported or be sheltered in place.
 - a. Deciding who makes the call about whether it is safer to "stand by for assistance."
5. Determining whether the transport destination is handicap accessible.
6. Determining whether the transport destination has adequate food, shelter, and supplies for any special needs.
7. Determining whether employers prepared to incur any additional costs relative to evacuating disabled travelers.
 - a. Determining whether adequate resources are available.
 - b. Identifying the risks or costs for lack of planning.

¹⁵ Coral Davenport, "Rising Seas," *The New York Times*, March 27, 2014, http://www.nytimes.com/interactive/2014/03/27/world/climate-rising-seas.html?_r=0.

¹⁶ Greenpeace, "Sea Level Rise," July 4, 2012, http://www.greenpeace.org/international/en/campaigns/climate-change/impacts/sea_level_rise/.

Nonmedical evacuations

The need to relocate travelers can be caused by any number of factors, but before the decision to evacuate is made (usually at considerably more expense than traditional commercial air travel), someone with access to quality intelligence has to make the call as to whether to “shelter in place,” assuming safe shelter is available, or to evacuate to the closest safe location. Nonmedical causes for evacuation could be biohazards (e.g., the Fukushima nuclear facility damage in Japan), or civil unrest, or incoming natural disasters. To evacuate or not to evacuate requires thoughtful planning and resources, in order to insure that companies aren’t competing with the rest of the world in a reactive situation where many others were caught off guard as well.

iJET Case Study—iJET and the South Sudan evacuations

In December 2013, iJET International provided continuous monitoring, intelligence, and analysis of the situation involving heavy ethnic fighting in South Sudan to existing clients with operations in the country. Support included providing real-time situational updates, establishing direct lines of communications with client personnel, and arranging for safe havens and security evacuations. On December 18, 2013, the situation worsened to include the closure of the Juba International Airport. During the first 2 days of fighting, prior to the airport closure, more than 500 people were killed and more than 800 wounded in the violence. During this time, several client personnel traveled across the country’s borders to safe havens, but soon after the airport closure, with mounting concerns about large numbers of refugees, those borders quickly closed. iJET successfully evacuated its clients within the first 3 hours of the airport’s reopening, bringing in a 15-seat light-passenger aircraft from Nairobi, Kenya, performing some of the first successful group evacuations from this incident without injury.

The iJET case study excerpt is an example of why a company’s TRM program cannot consist of technology alone, and discounted news being marketed as intelligence. In situations like these, quality intelligence is what saves people’s lives. In this instance, quality intelligence was critical to the coordination of iJET’s incident management team’s on-the-ground services and support, which lead to not only evacuating its clients, but knowing when was the right time to move its clients to the airport and into the air.

Some medical evacuation services do not provide security-based evacuations, while some can offer both. Companies should consider that one provider for both medical and security services and support, intelligence and insurance, might not always be the best solution. Some companies select one provider for their terms and coverage for medical services, support, and evacuations, but another provider for security-related intelligence, services, and evacuations. There are even those

companies with multiple providers for each medical and security service in different parts of the world, working with completely separate insurance providers to pay for the services rendered. Each company must consider the coverage and resources currently available to them via their existing insurance relationship, and then solicit proposals for coverage based upon a clear outline of what the company needs are based upon claims history. Ultimately, companies need a program that can coordinate with all contracted services and insurers, providing a seamless experience for travelers and administrators, and consolidated documentation.

Open bookings

The term “open booking” refers to a booking made by a traveler that was made outside of their managed corporate travel program, avoiding usage of any contracted travel management company (TMC). Technical advances have found ways to incorporate reservations data from multiple websites or suppliers for a traveler’s trips into one place for reporting and calendar population. However, to properly capture this data, there are two primary methods available. The first is to allow the applications the ability to scan our inbox for travel-related e-mails and import the data accordingly. The second method is having travelers or independent suppliers e-mail reservation confirmations to an application or “parser,” which can parse the data into a standardized database. With some major travel suppliers (such as airlines, for example) there are “direct connections” from their websites to some of these applications. However, in the absence of a direct connection, if you cannot get beyond the security concerns of a third-party application scanning your inbox, one cannot guarantee the automatic capture of 100 percent of open booking data because of human error. For that reason and many others relative to policy and program management, and because of the high probability of human error, for effective TRM, open booking should not be promoted as a primary booking method within a managed travel program. However, there is a place for open booking technology within a managed travel program: to help capture data from travel data normally considered “leakage,” which is often not collected for reporting. Such data can originate from conference- or meeting-based bookings made via housing authorities or meeting planners, or perhaps for travel that is booked and paid for by a client. Companies who allow open booking for all travel struggle to effectively locate travelers in a crisis, disclose any potential risks or alerts, or provide services to some travelers in the event of a crisis. Outside of suppliers with direct connections to open booking applications or parsers, even when your travelers are trained to e-mail those open booking itineraries to the required application for data capture, employers have no control over when they do this. Within a managed program (via most TMCs), all new bookings, modifications and cancelations are usually updated in the database in real time or close to it, providing employers with ample opportunities to mitigate risk in a number of ways when time is of the essence. Some well-known companies, offering travel-related solutions, claim that open bookings equate to more traveler choice and that their solutions can bridge the gap for any potentially missing data. When using an open booking application’s itinerary data for security purposes,

changes and cancellations can be a major issue. Some applications require user intervention to manually delete trips that have been canceled, or to resubmit trips for changes unless an update can be e-mailed or picked up by an e-mail scan.

Open booking data issues

Consider a situation where a trip is booked and ticketed via an airline website, the itinerary is e-mailed to the traveler, who either allows their inbox to be scanned or they forward the e-mail to the open booking application. Days later, the traveler needs to cancel that booking and rebook with another airline to travel with someone else from the company. The arrangements are made with the new airline, but the traveler forgets to delete the original trip in the open booking application. Now there are two trips in the system for the traveler. Imagine the confusion this could cause with employers if similar circumstances impacted multiple employees at the same time? A good managed travel program can still provide a variety of options, including easy methods of making reservations, yet still capture critical reservations data needed to effectively manage risk for business travelers. Trying to manage risk with a completely unmanaged booking process for the sake of open booking, even if it did offer more traveler choice, is not worth the risk, considering that in a crisis you have a higher likelihood of inaccurate data unlike if the traveler had booked via your managed program (via a contracted TMC working in conjunction with your TRM provider). Does that mean that managed program data is perfect? No, but if implemented properly, reservations data can be more tightly controlled.

Open Booking Case Study

On January 15, 2009, when US Airways flight 1529 went down in the Hudson River in New York City, a regional office for an employer received a phone call from an employee's relative who was hysterical, insisting that his family member was on that plane. The office in question contacted their TMC, but was unable to obtain any information on the traveler, so they then turned to the travel manager. By this time, the inquiring family member had intentions of coming into the office because he wanted "some answers," for which there were none at the time. Human Resources suggested that the relative contact the crisis response hotline, while dispatching security to the office in question to protect the facility and its personnel. Human Resources also advised the person to stay home for any communications, and for their safety, considering the person was so upset. It turns out that the traveler in question was on a legitimate business trip, but that the traveler had purchased the trip online (outside of the employer's managed program), with the traveler's personal credit card, and without using an open booking application for itinerary data capture. Because of this situation, it was difficult or nearly impossible to get helpful intelligence to the traveler or the traveler's family or to provide adequate resources and support, and had there been a death or severe bodily injury involved, the traveler wouldn't have been eligible for their corporate credit card's accidental death and dismemberment (AD&D) coverage.

Personal property and identity theft

Consider the personal losses of a business traveler whose hotel room was just broken into. What if as a result of such a theft, the traveler's identity was stolen? Will your company support the needs of the traveler to ensure that the traveler's assets and identity are preserved? The traveler wouldn't have been where the traveler was if it weren't for the business trip!

Identity theft has reached epidemic proportions globally, with plenty of statistics published by consumer advocacy groups and government agencies, such as the U.S. Federal Trade Commission. The U.S. Federal Trade Commission's *2014 Consumer Sentinel Network Data Book* listed identity theft as the top reported complaint by consumers for the 15th year in a row, with approximately 332,646 complaints. The act of traveling for business presents many opportunities for a traveler to be exposed to scam artists looking to steal the traveler's identity. While taking precautions may be inconvenient and time consuming, there are many things that business travelers can do to reduce their chances of having their personal information stolen, such as:

- Keep a copy of all account numbers and relative account information in a safe place that is separate from where debit and credit cards are kept.
- Put mail and newspaper delivery on hold. This can prevent mail theft or an indication that the person is away, which can lead to the person's home being robbed.
- Don't travel with a checkbook; use only credit cards and cash.
- Don't use debit cards as PINs (personal identification numbers) can be stored in some card reader devices and if the information is stolen, criminals could steal all of the cash available in the account(s) linked to the debit card.
- Notify credit card issuers prior to travel, especially if traveling internationally, so that they can authorize legitimate charges and notify the card holder promptly if activity on the account doesn't match their records.
- Use VPNs (virtual private networks) when using the Internet. If the traveler's company doesn't provide one, the traveler should purchase their own annual subscription.

What if your employee had prescription medicine that may have black market value and it got taken as well? Now, a theft has turned into a potential medical issue. Ask yourself the following:

- Some medicines cannot be refilled before their due date, and other medicines are not easily refilled before their due dates. Do you have the resources and support available globally ($24 \times 7 \times 365$) to get those medicines replaced?
- Do you have the means to get the traveler replacement medicine before the traveler experiences any serious medical issues?
- What kind of medical support do you have available, particularly outside of the traveler's home country, should the traveler need immediate medical attention?

Having someone steal property from your hotel room or safe is bad enough, but when theft has happened, the event itself ends quickly. But if your computer is hacked, the problem could linger in many ways. Hotels are ideal places for business travelers to fall victim to hackers who not only may want access to some of your intellectual property, but to your identity as well. Referenced in subsequent chapters, there are tips about

using hotel and public access Wi-Fi, if you must use them. However, by whatever means you access the Internet while on business travel (e.g., personal hotspot, or Wi-Fi with VPN, or other tools), try to not conduct any financial transactions or to log into financial-related websites while traveling. Losing personal passwords to e-mail accounts or other personal use websites can not only be financially damaging to the individual, but can occasionally be humiliating when private information is made public.

Mugging and pickpocketing

The most important thing to remember when faced with a mugging or pickpocketing incident is to not resist in the event of any confrontation and do not pursue assailants. Things can be replaced, but not your life or well-being. Your first priority should be to get away to a safe place, typically a business or well-lit public place with lots of people, where you can contact the authorities.

Traveling with prescription medicine

According to the United States CDC (Centers for Disease Control and Prevention), the percentage of adults aged 55–64, during the years 2009 to 2012:

- Percent of persons using 1–4 prescription drugs in the past 30 days: 55.6%
- Percent of persons using five or more prescription drugs in the past 30 days: 20.3%

Source: <http://www.cdc.gov/nchs/data/hus/hus14.pdf#085>

According to a 2013 report by CBS News Atlanta, approximately 7 in 10 Americans use prescription drugs.¹⁷

Consider that with such a large percentage of the working population taking prescription medications regularly, people taking medications need a basic understanding and awareness to always do their research prior to international travel about bringing the drugs with them into another country. In general, most countries allow up to a 30-day supply of legitimately prescribed medications, in their original bottle. More than 30 days of prescription medication on a traveler can be considered a violation of many country's laws, particularly when it comes to controlled substances, such as narcotic pain medication or psychotropic drugs. In some cases, it simply isn't enough to carry the original prescription bottles with medication in them; travelers may be required to carry additional documentation along with having filed advance approval forms to be in compliance with the jurisdiction in question. In particular, narcotics or psychotropic drugs must have extensive paperwork prepared by your doctor and submitted to the government of the country that you are visiting well in advance of travel, in order to process your paperwork for approval.

Employers must consider providing this kind of information to travelers with their pretrip briefings or risk reports, where applicable. The possibility of medicine being confiscated and/or criminal charges filed against someone for lack of approval to transport controlled substances into some countries is very real, and could cost someone their life if stranded on international travel without their medicine.

¹⁷CBS News, "Study Shows 70 Percent of Americans Take Prescription Drugs," June 20, 2013, <http://www.cbsnews.com/news/study-shows-70-percent-of-americans-take-prescription-drugs/>.

Single Convention on Narcotic Drugs, 1961

The adoption of this Convention is regarded as a milestone in the history of international drug control. The Single Convention codified all existing multilateral treaties on drug control and extended the existing control systems to include the cultivation of plants that were grown as the raw material of narcotic drugs. The principal objectives of the Convention are to limit the possession, use, trade in, distribution, import, export, manufacture, and production of drugs exclusively to medical and scientific purposes and to address drug trafficking through international cooperation to deter and discourage drug traffickers. The Convention also established the International Narcotics Control Board, merging the Permanent Central Board and the Drug Supervisory Board.

Article 36, Penal Provisions of Single Convention on Narcotic Drugs, 1961, as amended by the 1972 Protocol Amending the Single Convention on Narcotic Drugs, 1961, provides:

1. a. Subject to its constitutional limitations, each Party shall adopt such measures as will ensure that cultivation, production, manufacture, extraction, preparation, possession, offering, offering for sale, distribution, purchase, sale, delivery on any terms whatsoever, brokerage, dispatch, dispatch in transit, transport, importation and exportation of drugs contrary to the provisions of this Convention, and any other action which in the opinion of such Party may be contrary to the provisions of this Convention, shall be punishable offences when committed intentionally, and that serious offences shall be liable to adequate punishment particularly by imprisonment or other penalties of deprivation of liberty.
- b. Notwithstanding the preceding subparagraph, when abusers of drugs have committed such offences, the Parties may provide, either as an alternative to conviction or punishment or in addition to conviction or punishment, that such abusers shall undergo measures of treatment, education, after-care, rehabilitation and social reintegration in conformity with paragraph 1 of article 38.

According to the INCB (International Narcotics Control Board), at the time of this publishing, the following countries maintain strict regulations for travelers with restricted medications (see full list in the INCB “Yellow List” found at https://www.incb.org/documents/Narcotic-Drugs/Yellow_List/53rd_Edition/YL-53rd_edition_EN.pdf):

- | | |
|------------------------|---------------------|
| • Algeria | • Brunei Darussalam |
| • Armenia | • Bulgaria |
| • Ascension Island | • Burkina Faso |
| • Austria | • Cameroon |
| • Azerbaijan | • Canada |
| • Bahrain | • Chad |
| • Barbados | • Chile |
| • Belarus | • China |
| • Belgium | • Colombia |
| • Belize | • Costa Rica |
| • Benin | • Cyprus |
| • Bhutan | • Czech Republic |
| • Bosnia & Herzegovina | • Denmark |
| • Brazil | • Dominica |

- Ecuador
- Eritrea
- Estonia
- Ethiopia
- Finland
- France
- French Polynesia
- Georgia
- Germany
- Ghana
- Häiti
- Hong Kong, China
- Hungary
- Iceland
- India
- Indonesia
- Ireland
- Israel
- Italy
- Japan
- Jordan
- Kazakhstan
- Kenya
- Korea, Republic of
- Kyrgyzstan
- Laos
- Latvia
- Lebanon
- Lithuania
- Luxembourg
- Macao, China
- Malaysia
- Maldives
- Malta
- Mauritius
- Mexico
- Micronesia
- Moldova
- Montenegro
- Montserrat
- Morocco
- Namibia
- Nauru
- Netherlands Antilles
- New Zealand
- Niger
- Oman
- Palau
- Panama
- Peru
- Poland
- Portugal
- Qatar
- Russian Federation
- Saint Lucia
- Senegal
- Seychelles
- Singapore
- Slovak Republic
- Slovenia
- Solomon Islands
- South Africa
- Spain
- Sri Lanka
- Sweden
- Switzerland
- Syrian Arab Republic
- Tajikistan
- Timor Leste
- Togo
- Tristan da Cunha
- Tunisia
- Turkey
- Uganda
- Ukraine
- United Arab Emirates
- United States of America
- Uzbekistan
- Vanuatu
- Zimbabwe

Source: International Narcotics Control Board, “Single Convention on Narcotic Drugs, 1961,” http://www.incb.org/incb/en/narcotic-drugs/1961_Convention.html.

Measuring traveler wear and tear

Too much travel can burn many a road warrior out. The costs of this burnout are well known: lost productivity, increased safety risks, poor health, increased stress at work and home, unwillingness to travel, and, ultimately, increased attrition.

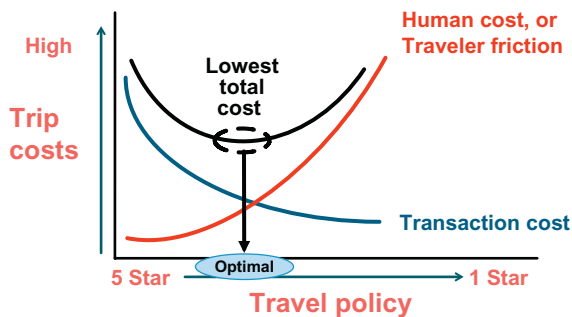
tClara, a travel data analytics firm, has developed a scoring system to track how much wear and tear each traveler accumulates from his or her travels. The goal is to predict which road warriors are at the highest risk of burnout, so that management can intervene in a timely manner.

The system uses a company's managed travel data to score a dozen factors found in each traveler's itineraries. Trip Friction¹⁸ points are assigned to factors such as the length of the flight, the cabin, the number of connections and time zones crossed, the time and day of week of each flight, etc. This allows for traveler-specific and company-specific benchmarking, which in turn helps senior executives to influence travel policy, procurement strategy, and traveler behavior to optimize a managed travel program.

Traveler friction versus travel policies

Push travelers through too many pain points, and the traveler may soon find reasons to not take the next trip. For example, think about flying coach from Chicago to Singapore, or taking a short haul connection for a lower fare. Tighten the travel policy too much, and you could have recruiting and retention problems, which could have serious cost or business implications. Companies shouldn't focus solely on minimizing the transaction cost of their trips; instead, they should focus on minimizing the total cost of traveling. That's the sum of the trip's transaction cost plus the cost of traveler friction (the black curve in the figure below) or the "Total Cost Paradigm."

The total cost of travel paradigm formalizes what buyers do intuitively



The total cost of travel paradigm formalizes what buyers do intuitively.

tClara's CEO, Scott Gillespie, states the following:

Travel programs depend on travel policies for savings. The tighter or tougher the travel policies, the cheaper the transaction costs, such as airfares, hotel stays, and car rentals. Our industry understands the shape of the blue curve in the chart above. However, as you increase the toughness of that travel policy, you create costs as well. Costs we will call "traveler friction," as shown by the red curve.

¹⁸ "Trip Friction" is a registered trademark of tClara.

The total cost of travel paradigm

Goal: Minimize the total cost of travel, including **quantifiable** traveler wear and tear

Principles

1. **Budget owners** set traveler-related goals; e.g., recruiting, retention, health and safety, etc.
2. **Procurement and HR** agree on metrics for tracking traveler wear and tear costs
3. Travel managers provide **travel strategy plans** to help achieve the traveler-related goals
4. Monitor goals and **total travel costs**, and adjust travel strategies accordingly

The total cost of travel paradigm.

Figure below reflects a precedent acceptance of total cost concepts, along with examples of how the travel industry is beginning to acknowledge the HR costs of traveler “wear and tear.”

Good news: procurement understands the total cost concept

- U.S. auto industry adopted total cost of quality in the 80s
- IT and Procurement functions adopted total cost of ownership in the 90s

The travel industry is starting to quantify the HR costs of traveler wear and tear

- CWT’s traveler stress index
- BP’s focus on traveler safety
- Accenture’s 3/4/5 travel policy
- tClara’s trip friction scoring method

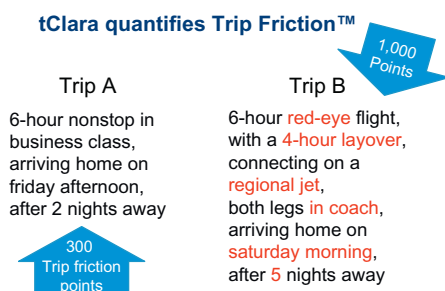
Good news.

From a TRM perspective, firms should monitor traveler-related metrics such as these:

- Work days lost;
- Attrition rate;
- Time to fill travel-intensive jobs; and
- Accumulated Trip Friction points and benchmarks.

These metrics will give management a view about how hard their most frequent travelers are traveling, and whether or not the travel policies should be adjusted.

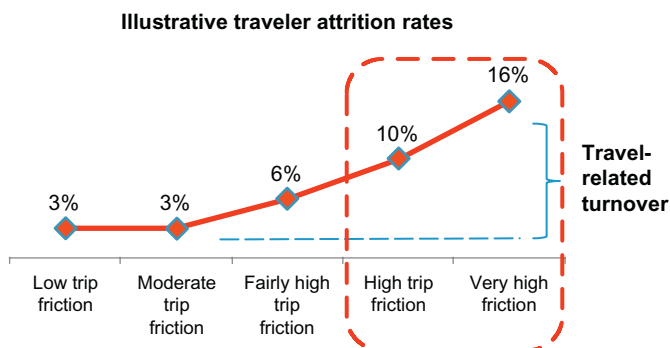
To put Trip Friction into perspective, tClara provides two trip examples (refer to the figure below) showing a low level of Trip Friction in “Trip A” versus a higher level in “Trip B.”



tClara quantifies Trip Friction.

According to tClara (refer to the figure below), their data shows a correlation between Trip Friction and higher numbers of road warrior or frequent traveler turnover.

Trip friction is clearly correlated with higher road warrior turnover



Trip Friction is clearly correlated with higher road warrior turnover.

While strong travel policies under managed corporate travel programs are critical to successful TRM (versus unmanaged, open booking allowances), there is a delicate balance between cost savings, safety, traveler satisfaction, and, very importantly, business continuity. Trip friction and traveler friction are good examples of the link between TRM and operational risk management (see Chapter 9), which shows how losses of productivity or employees managed under the guise of TRM can impact company production and/or success.

Personal well-being and stress

Personal well-being of travelers might be the most surprising of topics for consideration, but it certainly is relevant in context with TRM programs today. Believe it or

not, employers must be as cognizant of their employees' or contractor's mental well-being as of their physical safety. Stressed out, tired, or even unhappy employees can represent lower productivity and a higher threat of risk.

From something as simple as knowingly requiring someone to work in a stressful environment without trying to make it better, or just working them to excess, can cause an employee to suffer various forms of posttraumatic stress or depression. However, it can also be as extreme as requiring employees to work in a stressful situation without being properly trained or counseled, as was the case with some flight attendants who may have been forced to immediately fly again out of New York after witnessing the 9/11 attacks, when the commercial flights began operating again, without consideration of stress or trauma, proper treatment, and counseling.

To the extent that employers monitor and evaluate the physical safety of employees or contractors in the workplace, they must now take notice of the level of employee/contractor stress and contribute to overall happiness. It turns out that employees with high states of well-being have lower health care costs.¹⁹ It's unfortunate that employers must usually see a financial benefit associated with such things before implementing them, but in addition to health care costs, if people are happier and healthier, it stands to reason that they are also more productive.

The CWT Solutions Group conducted a study to shed light on the hidden costs of business travel caused by travel-related stress. Their aim was to understand and measure how and to what extent traveler stress accumulates during regular business trips. They defined a methodology and a set of key performance indicators (KPIs) to estimate the impact that this travel-induced stress has on an organization (see "The Carlson Wagonlit Travel Solutions Group Study").

The Carlson Wagonlit Travel Solutions Group Study

The scope of the study includes data from 15 million business trips booked and recorded by Carlson Wagonlit Travel (CWT) over a 1-year period. They followed a *divide-and-conquer* approach: each trip was conceptually broken down into 22 potentially stressful activities covering pretrip, during trip (transportation- and destination-related elements), and posttrip. Associated stress was measured based on the duration and the perceived stress intensity for each activity. In essence, each of the 22 steps of the trip was viewed as having two components: *stress-free* time and *lost time*.

To quantify the effects of stress, we introduced the following KPIs [key performance indicators]:

- The maximum possible lost time per trip
- The actual lost time per trip (and its financial equivalent)
- The Travel Stress Index, defined as the ratio of the above quantities

¹⁹Susan Sorenson, "Lower Your Health Costs While Boosting Performance," *Business Journal* (Gallup), September 19, 2013, <http://businessjournal.gallup.com/content/164420/lower-health-costs-boosting-performance.aspx>.

The Travel Stress Index (TSI) across all trips booked through CWT is 39%. Our results show that the actual lost time is 6.9 hours per trip, on average. The largest contributions to this lost time arise from flying economy class on medium and long-haul flights (2.1 hours) and getting to the airport/train station (1.1 hours). The financial equivalent of this 6.9 hours is US\$ 662.

The lost time greatly depends on the type of trip taken: an increase in the transportation time typically generates an increase in the lost time. The average actual lost time values by trip type are:

- 5.2 hours for domestic trips
- 5.6 hours for continental trips
- 15.6 for intercontinental trips

Finally, the study indicates that the impact of stress can be reduced, but not entirely eliminated. They analyzed the TSI on a client-by-client basis and found out that companies can expect to control, on average, 32 percent of the actual lost time.

TSI survey data

In a previous publication [Ref. 1], CWT Solutions Group presented the perceived stress reported for 33 activities related to a typical business trip. The current study incorporates 22 of these factors (Table 1.1), including nine of the

Table 1.1 Stress-trigger ranking by perceived strength



Adapted from [Ref. 1].
Source: CWT Solutions Group, Stress Triggers for Business Travelers, Traveler Survey Analysis (2012).

top 12—those with scores above 60/100. The remaining 11 factors are either challenging to quantify (e.g., “eating healthily at destination”) or require certain data that was not available at this time.

Several stress factors, such as flight delays, mishandled baggage, and traveling to a high-risk destination, require the usage of *external data*. References [6], [7], and [8], respectively, are used for these purposes.

CWT Solutions Group References as noted in “Travel Stress Index—The Hidden Costs of Business Travel:”²⁰

- [1] CWT Solutions Group, “Stress Triggers for Business Travel” (2012). This research is available for download at: <http://www.cwt-solutions-group.com/publications-and-media-centre/research-and-view-points/stress-triggers-for-business-travelers.html>.
- [6] FlightStats, Inc. is a leading publisher of flight information to travelers and businesses around the world (www.flightstats.com).
- [7] Baggage Report 2012, SITA (www.sita.aero).
- [8] *iJET* (www.ijet.com) is an intelligence-driven provider of operational risk management solutions, working with more than 500 multinational corporations and government organizations.

²⁰ <http://www.cwt-solutions-group.com/export/sites/cwt/cwtsg/.content/files/CW-cwt-travel-stress-index-hidden-costs.pdf>

Repatriation of mortal remains

Unfortunately, people sometimes die while away from home on business. Making arrangements to transport their remains across international borders can be complicated and expensive, as legislation and protocols vary greatly from country to country, as do suppliers who will provide such services. Don’t assume that your TMC will or can handle this for you. Usually these situations are handled by medical emergency or insurance providers.

The following items should be covered in repatriation of mortal remains insurance:

- If passing takes place outside of a medical facility, adequate transportation (ambulance, airplane, or helicopter) equipped with proper storage and handling capabilities for the body during transport to the closest appropriate medical facility prior to international transport.
- Treatment costs incurred (including embalming).
- Legally approved container for shipment of the remains.
- Transportation costs for the deceased and an accompanying adult to the country of residence.
- Cremation if legally required (conditional).

Other coverage may be included for things such as hotel accommodations pre- or posttreatment prior to the passing of the insured, but coverage will vary widely between providers. Under such stressful circumstances, it is very important for the insured’s family to understand the claims process and coverage, such as will payment

be provided directly to suppliers for services as needed, or will prepayment be required by the family or loved ones, only to request reimbursement later? If it can be avoided, such understanding can reduce stress associated with paperwork, authorizations, and payment.

Theft of intellectual property

According to the Cornell University Law School, in general terms, intellectual property is any product of the human intellect that the law protects from unauthorized use by others. The ownership of intellectual property inherently creates a limited monopoly in the protected property. Intellectual property is traditionally comprised of four categories: patent, copyright, trademark, and trade secrets. In summary, if you are in business, you likely have some intellectual property to protect. It could be an idea, or simply a process that you use, which gives you a competitive edge.

Most people think of a stolen laptop or mobile phone when they think of vehicles for stolen intellectual property, but a far more common vehicle is a flash drive, which most business travelers carry with them today on business trips and aren't monitored or regulated in the same manner as phones, computers, or tablets. Companies should either limit the use of flash drives to those drives that have some level of FIPS (U.S. Federal Information Processing Standard) to encrypt the data and/or destroy the data should the drive be tampered with physically in an attempt to access its contents.

Information on current FIPS standards (FIPS 140-2) and announcements regarding the upcoming FIPS 140-4 standard, can be found by visiting <http://csrc.nist.gov/groups/STM/cmvp/standards.html#05>.

Traveling light

Many companies have policies specific to certain countries whereby, when travelers intend to visit the countries in question, the travelers either cannot take laptops or standard mobile devices with them, or the travelers must take “clean machines” or hardware designed for travel specifically to countries with high numbers of intellectual property theft. Some of this hardware may have special configuration or software to add layers of protection, in addition to not storing important files locally (i.e., cloud computing), or transportation of valuable files is done via one-time-use USB flash drives.

International protections for intellectual property rights

Because there are times when identifying intellectual property thieves can be nearly impossible, one might not have the opportunity to take advantage of any legislation or treaties. However, it is good to know that programs are developing and in place to try and protect intellectual property owners, such as the TRIPS (Trade Related Aspects of Intellectual Property Rights) Agreement from the WTO (World Trade Organization). TRIPS was designed to set some standards for how intellectual property rights are

protected around the world under common international rules. These trade rules are seen as a way to provide more predictability and order, and a system for dispute resolution, providing a minimum level of protection for all WTO member governments.

For more details on the TRIPS Agreement, see https://www.wto.org/english/thewto_e/whatis_e/tif_e/agrm7_e.htm.

HIV-positive travelers and expatriates

As of May 2015, 36 countries place various forms of restrictions for the entry, stay, and/or residence of people who are HIV-positive.²¹

In 2009, the United States removed its entry restrictions for people living with HIV, which received considerable media coverage and is believed to have had an influence on many another country's legislation on the matter, as the number of countries with such restrictions has declined from 59 in 2008 to 36 in 2015.

Restrictions vary from country to country, but are broken down into the following categories:²²

- Countries without restrictions
- Countries that ban entry
- Short-term stay restrictions—less than 90 days typically
- Long-term stay restrictions—more than 90 days typically
- Countries with unclear laws or practices
- Countries without information
- Countries deporting people with HIV

Detailed lists of countries with corresponding information on legislation can be found at The Global Database on HIV-Specific Travel & Residence Restrictions.

Reminder: Although this text provides various reference materials found on the Internet, there is no substitute for or comparison to the quality of medical and security intelligence created, monitored, and provided by qualified risk intelligence providers, which are at the core of employer-managed TRM programs. One specific reason for the importance of risk intelligence providers is because guidelines, laws and requirements regularly change.

What is surprising to realize is that some of the countries from which an HIV-positive traveler could be deported if the traveler's HIV status were known, are countries that are common destinations for many business travelers today. Imagine a security check that uncovers prescription HIV treatment medication in a country where there are entry restrictions? This is a difficult position for employers because of the privacy concerns of employees or travelers and their medical records, which are not typically the kinds of records or information that a person shares with employers.

²¹UNAIDS, "Infographic: Welcome (Not): Before and After," May 26, 2015, http://www.unaids.org/en/resources/infographics/20150227_evolution_travel_restrictions.

²²The Global Database on HIV-Specific Travel & Residence Restrictions, <http://www.hivtravel.org/Default.aspx?pageId=152>.

However, just as with prescription medications that people can travel with, employers need to provide appropriate training and information to travelers going to places where HIV concerns may be an issue. While adding this kind of information on top of standard risk and policy disclosures may be an extensive and painfully large amount of information to read and understand prior to travel, employers have a duty to provide it, and travelers have a duty to understand it and act accordingly if one or more of any disclosed travel restrictions apply to them.

In some of the more strict countries with legislation that allows deportation of HIV-positive travelers, deportation often doesn't apply to travelers connecting or in transit only. However, employers and travelers have to decide whether or not they want to take such a chance. Some countries require medical exams for those who intend to stay longer than 30 days, and if HIV is discovered, doctors are required to report it to the government, and the law will be administered relative to the country in question.